

<b>Case Number:</b>	CM14-0125132		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/27/1987
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychology, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71-year-old male who reported an injury on 06/27/1987. The mechanism of injury was not specifically stated. The current diagnoses include displacement of cervical intervertebral disc without myelopathy, pain in a joint, and unspecified neuralgia, neuritis and radiculitis. The latest physician progress report submitted for this review is documented on 04/24/2014. It was noted that the injured worker has developed hypertension secondary to chronic stress, depression and chronic pain. The injured worker reported light headedness, dry mouth, and irritable bowel syndrome symptomatology. The injured worker was awaiting authorization for an internal medicine specialist referral. The injured worker also reported worsening of insomnia, spasm, stiffness, and numbness. The current medication regimen includes Zoloft and Abilify. Ongoing individual treatment was recommended at that time. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retro ( DOS missing): Psychological counseling sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** California MTUS Guidelines recommend cognitive behavioral therapy. California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the injured worker has continuously participated in psychotherapy. There is no documentation of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate in this case. The retrospective dates have not been provided for this review. The specific quantity or duration of treatment was also not listed in the request. Based on the clinical information received, the request is not medically necessary.