

<b>Case Number:</b>	CM14-0158436		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 licensed in Psychiatry and is licensed to practice in California. 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 50 years old female with date of injury 10/3/2008. Date of the UR decision was 09/17/2014. She injured her left leg, back, left shoulder, right knee, and left arm when she tripped over a tree root sticking out of the pavement in the parking lot. Prior treatments included physical therapy, injections, surgery, and psychotherapy sessions. Per report dated 8/20/2014, her mood was described as having improved over the last few sessions, and mood appeared to have improved from moderate to mildly dysphoric, with appropriate affect. Current medications per that report included Naproxen, Omeprazole, Cyclobenzaprine, Hydrocodone and Pristiq. She was diagnosed with Major Depression, Single Episode; Insomnia Disorder; Pain Disorder; Opioid Dependence (Industrial Related) and Partner Relational Problem (Industrial Related). It has been suggested that she has undergone psychotherapy treatment, however it is unclear as to how many sessions she has completed so far or any evidence of objective functional improvement. The psychotherapy sessions had focused on mood stabilization as well as on reducing mood dependent behaviors and increasing personal responsibility for weight loss prior to knee replacement surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological consultation x 4 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 23, 100-102.

**Decision rationale:** The submitted documentation suggests that the injured worker has undergone extensive psychotherapy treatment. However it is unclear as to how many sessions she has completed so far or any evidence of objective functional improvement from the treatment so far. The psychotherapy sessions had focused on mood stabilization as well as on reducing mood dependent behaviors and increasing personal responsibility for weight loss prior to knee replacement surgery. The request for Psychological consultation x 4 visit is excessive and not medically necessary.