

<b>Case Number:</b>	CM14-0143450		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 (IW) is a 55 year-old female with a date of injury of 8/16/2010. The IW sustained injury while working as a code enforcement officer for the [REDACTED]. She has been diagnosed with: Sprain/strain of knee/leg; Sprian/strain lumbosacral; Sprain/strain other specified site, hip and thigh; Bilateral knee myoligamentous injury, left greater than right with associated degenerative changes and meniscus tear; Lumabar myoligamentous injury secondary to bilateral knee myoligamentous injury; Right upper extremity myoligamentous injury including right shoulder and right wrist; Obesity; Hypertension reaction to stress and anxiety; Bialteral greater tronchanteric bursitis; Right knee arthroscopy 9/18/12, revision 8/2013; and Left knee arthroscopy 2/27/13. It is also noted that the IW has demonstrated some symptoms of depression however, it does not appear that she has particiapted in any psychological services. The request under review is for 10 psychotherapy sessions, which were modified to an intial trail of 3 psychotherapy sessions by UR on 8/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Psychological Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (CBT) Cognitive Behavior Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102, 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). The injured worker continues to experience chronic pain as well as demonstrate symptoms of depression. It appears that a psychological evaluation/consultation was requested, but was denied by UR in July 2014. Unfortunately, without a thorough evaluation, which not only offers specific diagnostic information, but appropriate treatment recommendations, the request for treatment is premature. Additionally, when treatment is requested, the request needs to follow the MTUS guidelines, which recommends an initial trial of 3-4 psychotherapy visits. Given this information, the request for 10 psychotherapy sessions is not medically necessary.