

<b>Case Number:</b>	CM14-0099082		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 is a 65 year old female who sustained an industrial injury on 8-1-98. The injured worker reported pain in the back described as "aching, throbbing and pins and needles." A review of the medical records indicates that the injured worker is undergoing treatments for backache, cervicobrachial syndrome, pain in joint of shoulder and chronic pain syndrome. Medical records dated 6-6-14 indicate pain rated at 7 out of 10 after taking pain medication, additionally noting that "Pain doesn't interfere with work at all." Treatment has included Butrans Patch since at least June of 2014, Wellbutrin since at least June of 2014. Objective findings dated 6-6-14 were notable for paracervical muscles with tenderness, left shoulder joint "raised and elevated compared to right", communication ability noted to be good. Provider documentation noted the injured worker "appears to be in mild distress." The original utilization review (6-23-14) denied a request for 8 Additional Psychological Treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Psychological Treatments: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6 Chronic Pain Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving pain management services from [REDACTED]. In the PR-2 report dated 6/6/14, [REDACTED] notes some symptoms of depression and recommends "an authorization extension for psychological treatment as part of a comprehensive multidisciplinary plan." In a prior report earlier in the year, [REDACTED] notes a request for the injured worker to see a [REDACTED] for psychiatric services. It is unclear from the records whether the injured worker began psychiatric/psychological services or not as there are no psychiatric or psychological records included for review. The request under review is for an additional 8 psychological treatments. If the injured worker has yet to receive any services, the request for 8 psychotherapy sessions is premature as it does not appear that a psychological evaluation was completed. If the injured worker has completed an evaluation and psychological services have commenced, without any records of the completed services, the need for additional treatment cannot be determined. As a result of insufficient information, the request is not medically necessary.