

<b>Case Number:</b>	CM15-0005314		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 48 year old male who sustained a work related injury on August 2, 2012, after falling off scaffolding, landing on a cement floor. He underwent a posterior lumbosacral fusion on December 4, 2013. After lumbar surgery he developed increased neck pain radiating into the arm with numbness of the fingers. Treatment included physical therapy, pain medications and muscle relaxants. X rays revealed a normal cervical lordosis. Magnetic Resonance Imaging (MRI) showed cervical spinal canal stenosis. Range of motion was restricted. Currently, the injured worker complains of significant depressive symptoms and chronic pain. He had many changes and losses in his life since the industrial injury. Treatment included psychotherapy sessions. He has been diagnosed with a Pain disorder associated with both psychological factors and a general medical condition. In November, 2014, Utilization Review non-certified a request for a prescription of 10 sessions of Psychotherapy, noting the California MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 10 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines for chronic pain

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

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in August 2012. He was initially evaluated for psychological services by [REDACTED] in October 2013 and began follow-up psychotherapy in December 2013. He has completed 22 psychotherapy sessions, most of which were individual sessions with a few group therapy sessions. The CA MTUS recommends a total of up to 6-10 psychotherapy sessions in the treatment of chronic pain. The injured worker has already received numerous sessions above this recommendation. The request for an additional 10 psychotherapy sessions is not reasonable nor medically necessary.