

<b>Case Number:</b>	CM15-0009633		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 45 year old female, who sustained an industrial injury on May 14, 2012. The injured worker has reported right arm and right hand pain. The diagnoses have included cervical radiculopathy, cervical joint pain, cervicgia, depression, carpal tunnel syndrome and shoulder joint pain. Treatment to date has included pain medication, psychiatric medications and psychiatric treatment. Current documentation dated November 12, 2014 notes that the injured worker complained of upper extremity pain, right greater than the left with associated numbness in the wrist. She also reported right shoulder pain and neck pain. Pain medication decreases her pain by thirty to forty percent. Physical examination of the right wrist revealed a decreased range of motion and a positive Tinel's and Phalen's sign. Tenderness to palpation was noted in the cervical spine and diffuse pain in the shoulders bilaterally. Mood was noted to be poor. On December 30, 2014 Utilization Review modified a request for an additional 12 psychological sessions. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review an additional 12 psychological sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional psychological sessions x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with treating psychologist, [REDACTED], in February 2014 and began subsequent psychotherapy. It appears that the injured worker completed a total of 12 psychotherapy sessions between 3/4/14 through 9/8/14. Although the injured worker appears to be in need of further services, the request for an additional 12 sessions exceeds the ODG recommendations. The ODG recommends a total of up to 13-20 psychotherapy sessions as long as CBT is being conducted and objective functional improvements are demonstrated. As a result, the request for an additional 12 sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization of 6 additional psychotherapy sessions in response to this request.