

<b>Case Number:</b>	CM15-0011298		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 40 year old male, who sustained an industrial injury on 12/8/13. He has reported pain in the back and left knee after a trip and fall accident. The diagnoses have included lumbar sprain, lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included MRI of the lumbar spine, electrodiagnostic studies, physical therapy and oral medications. As of the PR2 dated 11/21/14, the injured worker reported having a stroke since the last visit. He is reporting increased weakness to the left side and anxiety due to change in condition. The treating physician requested psychotherapy x8 sessions. On 12/19/14 Utilization Review modified a request for psychotherapy x8 sessions to psychotherapy x4 sessions. The utilization review physician cited the MTUS and ODG guidelines for cognitive behavioral therapy. On 1/20/15, the injured worker submitted an application for IMR for review of psychotherapy x8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 4 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) 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 December 2013. It is also noted that he has demonstrated symptoms of depression and anxiety secondary to his chronic pain. In the September 2014 PR-2 report, ██████ wrote, "I am requesting authorization for psychological consultation with eight to twelve follow-up visits to deal with his anxiety, depression associated with persistent pain and to improve his coping abilities." In a subsequent PR-2 report from December 2014, Dr. ██████ wrote, "I do request to continue psychology treatment with Dr. ██████ for 8 sessions to help patient continue dealing with stress and uncontrollable pain to help him learn relaxation techniques to help him deal with his pain." Based on this statement, the injured worker must have been evaluated by ██████ and has been receiving subsequent treatment from him however, there are no psychological reports or notes from Dr. ██████ included for review. Without any information about the services already completed, the need for any additional treatment cannot be fully determined. As a result, the request for an additional 8 psychotherapy sessions is not medically necessary.