

<b>Case Number:</b>	CM15-0012171		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 was a 58 year old female, who sustained an industrial injury, July 1, 2005. The injured worker has pain and dysfunction in the cervical spine and both hands as well as lower back pain. The injured worker was diagnosed with depression, chronic pain syndrome, cervical spondylosis, lumbar spondylosis lumbar radiculopathy and bilateral carpal tunnel syndrome. The injured worker previously received the following treatments EMG/NCS (electromyography and nerve conduction studies), physical therapy, pain medication, aqua therapy, hand therapy and psychological sessions. According to progress note of January 15, 2015, the injured workers chief complaint was of ongoing back pain. According to the progress note of May 29, 2014, the injured worker felt the counselling sessions were helpful. According to the progress note of January 15, 2015, the injured workers pain medications were stopped which assisted the injured worker to function. The increase in pain resulted in increased depression. On January 14, 2015, the primary treating physician requested 10 additional psychological visits for depression. On January 19, 2015, the utilization review denied authorization for additional psychological visits for 10 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional psychological visits QTY: 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**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 has continued to experience chronic pain since her injury in July 2005. It is noted that she exhibits symptoms of anxiety and depression however, it is unclear as to the psychological services that have been completed to date. There is a SOAP progress note dated 11/18/14 from [REDACTED] indicating that some type of psychotherapy occurred, but the progress note presents minimal information. It also appears that there was a request for a psychological evaluation, but it was denied by UR in November 2014. As a result, it is unclear whether a psychological evaluation was recently conducted as there was no indication of one in the records. Additionally, there is no recent psychological reports/notes describing recent services. Without sufficient information to substantiate the request for additional services, the request for an additional 10 psychotherapy sessions is not medically necessary.