

<b>Case Number:</b>	CM15-0015055		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 female with an industrial injury dated 06/21/2012 while pushing a heavy cart. Her diagnoses include status post arthroscopic repair of the right shoulder (unknown date), status post carpal tunnel release of the right wrist (date unknown), 4mm disc protrusion at the L4-L5 and 5.4mm protrusion at the L5-S1 per MRI (12/15/2014), right L5 radiculopathy, and hypertension. Recent diagnostic testing has included a MRI of the lumbar spine (12/15/2014) showed disc herniation causing lateral canal and neural foraminal stenosis. She has been treated with arthroscopic surgery to the right shoulder, carpal tunnel release of the right wrist, epidural steroid injections, medications, physical therapy, chiropractic therapy, and psychological therapy. In a progress note dated 12/16/2014, the treating physician reports improvement in right shoulder symptoms and function with additional physical therapy, worsened symptoms with cold weather, right wrist pain and numbness, continued low back pain that radiates to the right lower extremity causing numbness in the toes, low back pain rating of 9/10, and weight gain due to inability to walk for more than 10 minutes. The objective examination revealed decreased deep tendon reflexes at the L4 and L5 on the right, improved range of motion in the right shoulder with a positive apprehension, loss of range of motion in the lumbar spine, positive straight leg raise on the right, decreased sensation in the right L5, positive test findings on the right and in the low back, and antalgic gait with inability to perform heel to toe walk. A psychological exam (09/23/2014) reported subjective complaints of sleep disturbance, headaches daily, anger outburst, depressed mood daily, loss of enjoyment in activities, withdrawal from family, excessive worry, and phobic anxiety. The injured worker was

diagnosed with Major depressive disorder, single episode, severe, without psychotic features and Anxiety disorder, NOS. The treating physician is requesting psychological treatment which was denied by the utilization review. On 01/07/2015, Utilization Review non-certified a request for psychological treatment, noting the absence of how many psychological treatments have been completed, objective outcomes of these treatments or psychological symptoms, and lack of documented functional improvement from previous treatments. The MTUS Guidelines were cited. On 01/07/2015, the injured worker submitted an application for IMR for review of psychological treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychological treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

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

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological consultation on 9/23/2014. In that report, it recommended an initial trial of 6 psychotherapy sessions. There are 3 progress notes included for review dated 10/13/14, 10/20/14, and 11/3/14. It is unclear as to whether these are those only completed sessions to date as there is no documentation indicating how many psychotherapy sessions have been completed. Additionally, there is no documentation the cognitive behavioral therapy is being conducted and there is no information of the objective functional improvements other than BAI and BDI scores. Lastly, the request for "psychological treatment" remains too vague as it does not indicate the number of sessions being requested nor the duration of treatment. Based on the vagueness of the request and insufficient documentation to support a request for any additional treatment, the request for additional psychological treatment cannot be determined and is not medically necessary.