

<b>Case Number:</b>	CM15-0117534		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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:

This 47 year old male sustained an industrial injury on 1/29/08. He subsequently reported right shoulder pain. Diagnoses include status post left ankle fracture and right shoulder impingement syndrome. Treatments to date include x-ray and MRI testing, ankle surgeries, injections, physical therapy and prescription pain medications. The injured worker continues to experience left leg cramps. Upon examination, the right shoulder range of motion was reduced. Tenderness to palpation was noted over the left calf and anterior tibia. A request for Office visit with pain psychologist x 6 sessions Qty: 6.00 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit with pain psychologist x 6 sessions Qty: 6.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a PQME in psychology with [REDACTED] in April 2015. In his report, [REDACTED] diagnosed the injured worker with MDD as well as a Pain Disorder and recommended an initial 12 psychotherapy sessions. Given these diagnoses, both the CA MTUS and ODG will be used as reference. In the treatment of chronic pain, the CA MTUS recommends an initial trial of 3-4 visits. In the treatment of depression, the ODG recommends "up to 13-20 visits" if progress is being made. Utilizing a combination of both guidelines, the request for an initial 6 psychotherapy sessions appears reasonable and is medically necessary.