

<b>Case Number:</b>	CM15-0120436		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 is a 67 year old female with a July 1, 2010 date of injury. A progress note dated May 14, 2015 documents subjective complaints (pain in multiple body parts; significant anxiety; symptoms of depression), and current diagnoses (pain in joint, shoulder; carpal tunnel syndrome). Objective findings were not documented for this date of service. Treatments to date have included psychological evaluation, acupuncture, and over the counter medications. The treating physician documented a plan of care that included a psychological consultation and twelve follow up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Psychological evaluation (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] on 4/9/15. It is unclear as to the nature of the request for an additional consultation. Given that the injured worker was already evaluated and there is no rationale offered to support an additional evaluation, the request for another psychology consultation is not medically necessary.

**12 follow-up visits with the psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

**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 Behavioral Therapy.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a thorough psychological evaluation with [REDACTED] on 4/9/15. In the subsequent report dated 4/20/15, [REDACTED] recommended "4-6 months of weekly one-hour psychotherapy sessions with a mental health professional to learn pain management techniques and cognitive-behavioral techniques for management of anxiety and depressive symptoms." The request under review is based upon [REDACTED] recommendation. For the treatment of chronic pain, the CA MTUS recommends an "initial trial of 3-4 visits". However, for the treatment of psychiatric symptoms, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Utilizing both guidelines, the request for an initial 12 sessions appears reasonable. Therefore, the request is medically necessary.