

<b>Case Number:</b>	CM15-0178024		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/19/2006
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 64 year old female who sustained an industrial injury on 06/19/2006. Diagnoses include tendinitis enthesopathy of the wrist-hand, tendinitis of the upper back and neck, tenosynovitis of the radial styloid-DeQuervain's tenosynovitis, and cervical radiculopathy. A progress note of 08/11/2015 shows that the patient presented as very depressed and complains of anhedonia, tearfulness and insomnia. She has not been able to get the Cymbalta as it had not been authorized, and has been off of it for a month. Her depression was worsening. She had decreased appetite and loss of weight. She appeared to have lost weight and looked tired. She had increased neck pain and requested trigger point injections. She has decreased cervical range of motion and tenderness to palpation and tightness over the bilateral trapezius rhomboids with positive trigger points. There was moderate pain/tightness. She is not working. Treatment to date has included medications, 6 physical therapy visits, acupuncture and trigger point injections. Medications include Naproxen, hydrocodone, and Warm Sombra-topical. On 08/25/2015 UR modified the requested treatment Psychological Counseling for six sessions to 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Counseling for six sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** CBT is recommended as evidence based literature has shown that individual psychotherapy is beneficial in helping patients develop coping skills to manage chronic pain, thus alleviating the symptoms of depression/anxiety as well. Per ODG an initial trial would be 3-4 sessions over 2 weeks, followed by evaluation for objective functional improvement prior to certification of additional services. Certification was given for four sessions on 08/25/2015. It appears that these sessions have not been used as no records were provided to show otherwise. This request is not medically necessary.