

<b>Case Number:</b>	CM15-0179949		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/08/2004
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 (n) 50 year old female, who sustained an industrial injury on 12-8-04. The injured worker was diagnosed as having shoulder pain, myofasciitis and depression. The physical exam (4-6-15 through 8-14-15) revealed 3-4 out of 10 pains, tenderness to palpation in the shoulder musculature over the acromioclavicular joint and diminished range of motion. Treatment to date has included Lidocaine patch, Cymbalta, physical therapy and Biofreeze. As of the PR2 dated 8-28-15, the injured worker reported being depressed and upset that she has not gained access to proper medication and counseling. Objective findings include "angry" mood, diminished range of motion and spasms in the trapezius muscles. The treating physician requested psychological counseling x 15 sessions. The Utilization Review dated 9-8-15, modified the request for psychological counseling x 15 sessions to psychological counseling x 6 sessions and certified the request for Biofreeze 4oz #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological counseling x15 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

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

**Decision rationale:** Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in 2004. She has been receiving care by treating physician, [REDACTED]. In many of his reports, [REDACTED] notes some symptoms of depression. However, it does not appear that the injured worker has been referred to and evaluated by a psychologist for an initial psychological evaluation. The evaluation would not only offer more specific diagnostic information, but appropriate treatment recommendations as well. Without having had a thorough psychological evaluation completed, the request for services is premature. As a result, the request from [REDACTED] for 15 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 6 sessions in response to this request.