

<b>Case Number:</b>	CM15-0068185		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

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 38-year-old female, who sustained an industrial injury on 06/13/2002. On provider visit, dated 03/24/2015 on examination she was noted as having a dysthymic and mood and affect was noted as congruent with mood. No pain behaviors were noted. The diagnoses have included psychophysiological disorder, cervical degenerative disc disease and cervicgia. Treatment to date has included medication and a psychosocial evaluation. The provider requested pain psychology 1 x wk x 6 weeks to treat depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychology 1xwk x 6wks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychosocial evaluation with [REDACTED] on 2/18/15 and then participated in follow-up psychotherapy with [REDACTED], under the supervision of [REDACTED]. The injured worker has completed 6 psychotherapy sessions to date. In the 6th session progress note dated 3/31/15, [REDACTED] appropriately documented the Pt's objective improvements as well as provided a rationale for continued treatment. The ODG recommends a total of up to 13-20 psychotherapy sessions. Given this guideline, the request for an additional 6 sessions appears reasonable and is therefore, medically necessary.