

<b>Case Number:</b>	CM15-0079224		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 64 year old female, who sustained an industrial injury on 2/22/2013. She reported injury from a fall. The injured worker was diagnosed as having lumbar radiculopathy with lumber 1-4 compression fractures, status post right shoulder arthroscopy for rotator cuff tear, depression and anxiety. There is no record of a recent diagnostic study. Treatment to date has included functional restoration program and medication management. In a progress note dated 4/1/2015, the injured worker complains of intermittent post-operative right shoulder pain. The treating physician is requesting 6 visits with a psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 follow up visits with Psychologist:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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 continues to experience symptoms of depression despite having completed a functional restoration program earlier this year. The request under review, for 6 follow-up sessions with a psychologist, was to provide continuity of care following the injured worker's discharge from the FRP in order to help her maintain the gains made while in the program. This is an appropriate request as it is imperative that there be a transition from intensive services into maintenance outpatient treatment. As a result, the request for 6 follow-up visits with psychologist is medically necessary.