

<b>Case Number:</b>	CM15-0090541		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 56 year old male, who sustained an industrial injury on 2/28/13. He reported initial complaints of an auto accident. The injured worker was diagnosed as having cervical spine muscular ligamentous strain/sprain; cervical disc disease; lumbar/thoracic muscular ligamentous spine strain/sprain. Treatment to date has included physical therapy and chiropractic therapy (120-125 treatments); homeopathic specialist; psychotherapy (20-24 sessions); medications. Diagnostics included x-rays cervical and lumbar spine; right elbow/hand (2/25/15). Currently, the PR-2 notes dated 2/25/15 are titled "Primary Treating Physician's Initial Evaluation with Permanent and Stationary Determination". The notes indicated the injured worker complains of neck, thoracic, lumbar and right upper extremity pain. He reports increased pain with personal hygiene or other activities of daily living. He admits to suffering from occasional bouts of anxiety, stress and depression and is easily frustrated and easily angered. He also has crying spells and difficulties with memory and concentration. He has difficulty falling and staying asleep sleeping 4-5 hours a night awakening one to two times to go to bathroom and due to pain and stress. Physical examination reveals tenderness to the spinous process at C3-C7 with tenderness and spasm in the cervical paravertebrals and upper trapezil musculature of the cervical spine. There is pain and spasm with flexion, extension, and right lateral bending of the cervical spine. There is no documented pain with range of motion in either shoulder. Sensation is decreased at the C6 and C7 dermatomes on the right. Motor strength is 5/5/ bilaterally. Phalen's test is positive on the right, Spurling's test is negative bilaterally; cervical compression test is negative; Phalen's test is negative on the left; Tinel's, Adson's and

Finkelstein's test are negative bilaterally. There is no pain with flexion of the right elbow but there is pain with flexion of the right wrist. The lumbar spine indicates slight tenderness in the spinous process at L3-L5 with tenderness and spasm of the lumbar paravertebrals, gluteus and piriformis muscles. The sacroiliac joint is slightly tender on the right as well as the sciatic notch. He has pain and spasm with flexion and extension of the lumbar spine. His straight leg raising and Lasegue's are negative bilaterally. Motor strength is graded 5/5/ bilaterally with normal knee, hamstring and ankle reflexes bilaterally. He has normal sensation bilaterally with posterior tibial and dorsalis pedis pulses present bilaterally. He has x-rays taken on this date of cervical, lumbar, right elbow and right hand/wrist. The injured worker is currently working. He has had to date physical therapy and chiropractic therapy 120-125 sessions. He has also has psychotherapy 20-24 sessions in which the injured worker feels of benefit. The provider is requesting an additional Eight (8) psychotherapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Eight (8) psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Evaluations Page(s): 100.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Cognitive Behavioral Therapy (CBT).

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychological evaluation and 20-24 follow-up psychotherapy sessions in mid 2013. None of the psychological records are included for review. Although ■■■■■ recommended additional psychotherapy services, there have been no new or updated evaluations of the injured worker. Without a recent psychological evaluation, that will offer specific diagnostic information as well as appropriate treatment recommendations, the request for psychotherapy is premature. As a result, the request for 8 psychotherapy sessions is not medically necessary.