

<b>Case Number:</b>	CM15-0093567		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 42 year old female, who sustained an industrial injury on January 6, 2013, incurring abdomen, rib, neck shoulder and back injuries. She was diagnosed with lumbar spinal stenosis, cervical spondylosis, right shoulder sprain and rib contusion and sprain. Lumbar Magnetic Resonance Imaging revealed disc bulging, facet arthrosis with bilateral foraminal narrowing. Cervical Magnetic Resonance Imaging was unremarkable. Treatment included physical therapy, muscle relaxants, anti-inflammatory drugs, pain medications and work modifications. She refused acupuncture and chiropractic sessions after finding out she was pregnant. Currently, the injured worker complained of constant aching pain in the right para-cervical (neck) muscle and trapezius with numbness and tingling in the right hand and fingers. She rated her pain 6/20 and 8/10 at its worst. She complained of rib pain and persistent aching pain over her sacrum and buttocks with low back spasms. The treatment plan that was requested for authorization included outpatient referral to Psychologist for Cognitive Behavioral Therapy consultation for three visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient referral to Psychologist for Cognitive Behavioral Therapy Consultation for Three (3) Visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Workers Compensation, 205 web based Edition, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CPMTG, Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation ODG, Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Within the documentation available for review, according to a progress note on April 15, 2015, the patient took a screening question and scored 9 on the PHQ scale. This suggests that mild to moderate depressive symptoms may be present. However, merely using a screening questionnaire does not cinch the diagnosis of a mood disorder, and an initial consultation with a behavior health expert such as a psychologist or psychiatrist would be needed to establish this. Therefore, at this juncture it is premature to trial 3 session of psychotherapy immediately. Rather the diagnosis should be established with a single consultation. Unfortunately the IMR cannot modify requests. Therefore the original request is not medically necessary.