

<b>Case Number:</b>	CM13-0056623		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/25/2002
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old female who reported an injury on 11/25/2002. The mechanism of injury was not specifically stated. The patient is diagnosed with anxiety disorder, psychalgia, lumbar post laminectomy syndrome, and displacement of lumbar intervertebral disc without myelopathy. The patient was seen by [REDACTED] on 12/27/2013. The patient reported ongoing lower back pain. The patient also reported depression, anxiety and sleep disturbances. Physical examination revealed decreased lumbar range of motion. The treatment recommendations included continuation of psychology sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain psychology therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on ODG Treatment, Pain (Chronic), Psychological Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The California MTUS Guidelines utilized ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits

over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted, the patient has received 22 sessions of pain psychology therapy to date. The request for an additional 6 sessions would exceed guideline recommendations for a total duration of treatment. Despite ongoing therapy, the patient continues to report depression, anxiety, and sleep disturbance. Documentation of objective functional improvement was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified