

<b>Case Number:</b>	CM13-0061673		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/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 injured worker is a 45-year-old female with a reported date of injury on 03/13/2012. The mechanism of injury noted to be a fall down the stairs. Her diagnoses were noted to include chronic low back pain, prior history of a lumbar fusion, history of fibromyalgia, and chronic regional pain syndrome to the left lower extremity around the foot and ankle. Her previous treatments are noted to include physical therapy, medications, and sympathetic blocks. The progress note dated 12/06/2013 revealed the injured worker was depressed and indicated she continued to have severe pain in the left lower extremity and low back. The physical examination revealed a reduced range of motion to the lumbar spine; however, neurologically she was intact. The provider indicated the injured worker has tried different antidepressants; however, she was not tolerating them or they were not helping. Her medication regimen was noted to include Norco 5/325 mg 4 times a day, Ambien 5 mg at bedtime, and Neurontin 600 mg 3 times a day. The injured worker reported she had tried Lexapro and did not tolerate it. The psychiatric evaluation performed on 10/09/2013 revealed a global assessment functioning score of 60. The psychiatrist revealed the injured worker needed psychiatric treatment and was to be followed twice a month for up to 12 months to address her personal goals, having been precipitated into a significant transition in her life at that time. The Request for Authorization Form was not submitted within the medical records. The request is for a lumbosacral orthosis for low back pain, individual psychotherapy treatments for depression, and Lexapro; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME PURCHASE LUMBOSACRAL ORTHOSIS, QUANTITY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The ACOEM Guidelines state lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. The injured worker had a fall down a flight of stairs in 2012 and therefore, is in the chronic phase and not the acute phase of symptoms. As such, the request is not medically necessary.

**CONSULTATION AND SESSIONS OF INDIVIDUAL PSYCHOTHERAPY TREATMENTS, QUANTITY 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, page Page(s): 101-102.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment conceptualizing a patients pain reliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The guidelines recommend to identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers and how to screen for patients that may need early psychological intervention. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The guidelines state if pain is sustained in spite of continued therapy, intensive care may be required for mental health professions allowing for a multidisciplinary treatment approach. The guidelines recommend up to 13 to 20 visits over 7 to 20 weeks if progress is being made. The documentation provided indicated the injured worker has had a psychological evaluation; however, the treatment documentation was not submitted with the records and it is unknown how many previous psychotherapy treatments the injured worker has completed. Therefore, due to the lack of documentation regarding previous number of psychotherapy treatments and objective functional improvements, the request is not medically necessary.

**LEXAPRO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first line option for neuropathic pain, and a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally takes within a few days to a week to occur, whereas antidepressant effects take longer to occur. Assessment of treatment efficacy should not only include pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The injured worker indicated she was not utilizing this medication due to intolerance and therefore, the request for Lexapro is not medically necessary at this time.