

<b>Case Number:</b>	CM13-0063983		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/18/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 licensed in Psychology 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 patient is a 43-year-old female who sustained a work-related injury on 3/18/2012. She was trying to catch a person from behind who was falling from a wheelchair and immediately felt pain in her back. She was diagnosed with lumbar disc displacement without myelopathy and sciatica and was treated with medications, work restrictions, and had some physical therapy. She continues to experience chronic low back pain. On 12/19/2012, the patient was diagnosed with unspecified major depression, single episode. She participated in a functional restoration program from 6/20/2013 through 11/4/2013.

### 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 A PSYCHOLOGIST (COGNITIVE BEHAVIORAL THERAPY) FOR SYMPTOMS RELATED TO THE LUMBAR SPINE INJURY, ONCE (1) A WEEK FOR SIX (6) WEEKS, AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 402. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, WORK LOSS DATA INSTITUTE (WWW.ODG-TWC.COM; SECTION: LOW BACK AND STRESS/MENTAL.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MEDICAL VS SELF-MANAGEMENT MODEL, BEHAVIORAL INTERVENTIONS Page(s):  
5, 23.

**Decision rationale:** The Chronic Pain Guidelines indicate that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines also indicate that currently, self-management strategies can significantly improve a patient's function and quality of life, while reducing subjective experiences of pain. The patient was treated for her low back pain from 6/1/2012 through 12/20/2013 during which it was noted that she was taking Venlafaxine and reported depressive symptoms secondary to her ongoing pain, with feelings of helplessness, hopelessness, and social isolation. Additionally, the patient participated in a functional restoration program from 6/20/2013 through 11/4/2103. In a pain treatment follow-up report, dated 12/20/2013, in the subjective complaints section, it was noted that the patient continues to have anxiety and depression. However, in the objective findings section her mood and affect were noted as appropriate and she was noted to not be in any cardiorespiratory distress. The patient had recently graduated from a functional restoration program and it was noted she feels the program was beneficial in regards to learning some coping mechanisms. The medical records contain no indication that the patient is currently experiencing functional impairment as a result of her reported symptoms of anxiety and depression. Furthermore, there are no current objective measures or clinical exam findings indicating the patient continues to experience significant psychiatric symptoms resulting in functional impairment.