

<b>Case Number:</b>	CM14-0001360		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/15/2003
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Psychiatry 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 60-year-old female who has submitted a claim for low back pain with L4-L5 and L5-S1 sciatica, and anxiety and depression associated with an industrial injury date of May 15, 2003. Medical records from 2009-2013 were reviewed, the latest of which dated October 29, 2013 revealed that the patient complains of low back and bilateral lower extremity pain, left greater than the right. The pain appears to travel up towards the mid thoracic area. She complains of numbness, tingling, and weakness of the lower extremities. These symptoms are aggravated with long term walking, prolonged sitting and standing. She complains of insomnia, and continues to have anxiety and depression. She also experiences headache. She complains of constipation but claims that medication appears to be beneficial. On physical examination, the patient is awake, responsive and cooperative. She appears to be in mild to moderate discomfort. Affect is appropriate. There is noted tenderness in the midline lumbar spine from L1-L5 and in the bilateral paralumbar musculature greater on the left side. There is limitation in range of motion of the lumbar spine with flexion to approximately 60 degrees, extension to approximately 0 degree, right lateral flexion to approximately 10 degrees, and left lateral flexion to approximately 10 degrees. Straight leg raising test is positive on the left. Treatment to date has included L4-L5 and L5-S1 discogram (2011), TENS, lumbar support, cognitive behavioral and supportive psychotherapy, and medications which include Ambien, hydrocone, Lyrica, trazodone, fluoxetine, Paxil, carisoprodol, Cymbalta, Norco, Fioricet, amitriptyline, Senna and Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHIATRIC TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 19-23.

**Decision rationale:** According to pages 19-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient has been diagnosed with chronic mild to moderate depressive disorder since March 2010. In August 2013, she was subsequently diagnosed with major depressive disorder. The patient has undergone treatment with cognitive behavioral and supportive psychotherapy and medications. However, the number of visits and the duration of functional improvement are unknown due to lack of documentation. In the psychology consult done last October 21, 2013, the patient reports improvement of emotional condition with psychotropic medications. In the most recent clinical evaluation, there is no subjective and objective finding that warrants further psychiatric treatment. Also, the type and duration of the treatment was not specified in the request. Therefore, the request for psychiatric treatment is not medically necessary.