

<b>Case Number:</b>	CM14-0017847		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for neck and back pain with an industrial injury date of April 6, 2009. Treatment to date has included medications, acupuncture, physical therapy, home exercise program, psychology consult for depression, and microlumbar decompressive surgery on the right at L5-S1. Utilization review from January 23, 2014 denied the request for ongoing care with a psychologist because it was unclear whether the claimant had a prior psychological evaluation. The same review modified the request for follow-up evaluations with a pain management specialist (lumbar) to follow-up evaluations with a pain management specialist (lumbar) x1 because of persistence of low back symptoms, which established the need for pain management specialist evaluation. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck and back pain, rated 8-9/10. She also noted aching pain on the right upper extremity and locking in her neck. She also reported bilateral lower extremity cramping, burning, numbness and tingling, which radiated down to her feet. Pain was worse on the right leg and numbness was worse on the left. The patient also described spasms at night in the left leg. On physical examination, gait was antalgic with the use of a single point cane. There was tenderness in the thoracic paraspinal musculature bilaterally. There was also diffuse tenderness of the lumbar paraspinal musculature bilaterally. There was also tenderness over the surgical site on the lumbar spine. Lumbar range of motion was decreased. Lumbar surgical site was well healed. There was decreased sensation of L4, L5, and S1 dermatomes on the left. Tibialis anterior, EHL, inversion, and eversion were 4+/5 bilaterally while quadriceps and hamstrings were 5-/5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONGOING CARE WITH PSYCHOLOGIST (DEPRESSION): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT..

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

**Decision rationale:** According to pages 19-23 of the Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, although the medical records showed that the patient was being treated for depression, the present psychological status of the patient is unknown. Furthermore, there was no discussion regarding the nature of the patient's depression and whether this is secondary to chronic pain brought about by the industrial injury. Moreover, the medical records failed to indicate the number of previous psychotherapy sessions and whether functional improvement was noted. The request also did not specify the frequency and duration of the consults with the psychologist. Therefore, the request for ongoing care with psychologist (depression) is not medically necessary.