

<b>Case Number:</b>	CM14-0150588		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 licensed in Psychologist and is licensed to practice in Texas. 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:

This injured worker is a 26 year old female with a reported date of injury on 03/18/2011. The mechanism of injury reportedly occurred when the injured worker struck her foot on a dresser. Her diagnoses included right reflex sympathetic dystrophy to the foot and moderate depression. Her past treatment included physical therapy, right lumbar sympathetic block with Botox, ketamine infusion therapy, and 22 sessions of psych therapy. On 06/16/2014, injured worker reported her back pain was okay, she self-rated her pain at 4-5/10. She stated she was doing much better after receiving trigger point injections in March 2014. She stated she was much less depressed when she was feeling better physically and her mood was better. She reported not feeling so isolated, and she was feeling happier and was participating more socially. Upon physical examination the injured worker had back pain, joint stiffness and limb pain. The injured worker's neurological exam was positive for memory loss. Her psychiatric exam was positive for anxiety, depression, feelings of stress and difficulty concentrating. The social worker note dated 06/18/2014 stated there was evidence that the injured worker had self-reported improvement with the therapy. Medications included Gabapentin 300mg, Naltrexone HCL 50mg and Lorazepam 0.5mg (to take prior to procedure). The treatment plan was to continue the medication regimen, obtain an MRI of the lumbar and thoracic spines, and extend the psychological counseling. A request for EXT Pysch Therapy times 16 was received. No rationale for the request for an extension of psychological therapy was included. The Request for Authorization dated 06/20/2014 was included in the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXT Pysch Therapy times 16: 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 Behavioral interventions, Page(s): 23..

**Decision rationale:** The request for EXT Pysch Therapy times 16 is not medically necessary. The injured worker had complaints of back pain and depression. The injured worker stated she was doing much better since receiving trigger point injections in March 2014 and she was less depressed when she was feeling better physically and her mood had been better. She reported not feeling so isolated, she was happier and she was participating more socially. The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks. Per the provided documentation, the injured worker has received 22 sessions of behavioral therapy and there is no objective evidence of improvement. The requesting physician did not include a baseline psychological assessment, as well as a psychological reassessment which demonstrated objective improvement in the injured worker's psychological condition. As such, the request for EXT Pysch Therapy times 16 is not medically necessary.