

<b>Case Number:</b>	CM14-0152553		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/19/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 32-year-old female with a reported injury on 02/19/2011. The mechanism of injury was lifting heavy bags. The injured worker's diagnoses included lumbar disc displacement without myelopathy; sciatica; disorders of the sacrum; depression; anxiety; and unspecified major depression, recurrent episode. The injured worker's previous treatments included medications, physical therapy, psychiatric treatment, cognitive behavioral therapy, group therapy, epidural steroid injections, aquatic therapy, home exercise program, and TENS Unit. The injured worker's previous diagnostic testing included a lumbar spine MRI on 03/03/2011; a lower extremity EMG/NCV in August 2011, 03/04/2014, and on 10/18/2013 which was the most recent and was a normal study; a lumbar spine MRI on 10/18/2013 and on 09/02/2014 which was the most recent and revealed mild lumbar degenerative changes with mild convex left scoliosis, no significant spinal canal stenosis, and no evidence for central or foraminal nerve root compression. The injured worker's provided documentation did not indicate any pertinent surgical history. The injured worker was evaluated on 08/25/2014 for her chronic low back pain. The injured worker also reported anxiety, depression, and some memory loss. The clinician observed and reported that the injured worker was cooperative and her mood and affect were appropriate. There was no evidence of sedation. The injured worker was alert and oriented x 3. The clinician's treatment plan was to have 12 follow-up visits with a psychologist and to continue the injured worker's medications. The injured worker's medications included gabapentin 600 mg twice per day, naproxen sodium 500 mg every 12 hours, pantoprazole 20 mg twice per day, sertraline 25 mg 1 in the morning and 2 at bedtime which may be increased to 2 tablets twice a day if tolerated, tramadol/APAP 37.5/325 mg 1 twice daily for pain, and ketamine 5% cream apply to affected area 3 times a day. The request was for psychologist follow-up x 12

visits. No rationale for the request is provided. The Request for Authorization form was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychologist follow up x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment/ Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102, 23.

**Decision rationale:** The request for psychologist follow-up x 12 visits is not medically necessary. The injured worker did continue to complain of depression and anxiety. The California MTUS Chronic Pain Guidelines do recommend psychological treatment for appropriately identified injured workers during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Behavioral interventions are recommended. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions) is recommended. The request was for 12 visits which exceeds the guidelines' recommendation. Therefore, the request for psychologist follow-up x 12 visits is not medically necessary.