

<b>Case Number:</b>	CM14-0155730		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California & 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:

Records reviewed include 124 pages of medical and administrative records. The injured worker is a 36 year old male whose date of injury is 05/05/2008, while using a power jack to move pallets he tripped on a curb and it crushed his foot. He had an arthroscopy of the right ankle in 2009 and L5-S1 laminectomy and discectomy in 08/2012, which has apparently failed. He has persistent back and ankle pain with radicular symptoms. On 08/29/14 the patient underwent a psychological clearance evaluation for a spinal cord stimulator trial. He described his pain as chronic and rated it as follows: low back 4-10/10, right leg 5-10/10, neck 1-8/10. He reported symptoms consistent with depressive disorder NOS-social dysfunction, feeling depressed, sleep disturbance, anxiety/depression, poor concentration/memory, irritability. He felt that the onset was a consequence of the chronic pain and loss of his occupation and functional capacity. His pain management physician, [REDACTED], is prescribing gabapentin, Norflex, Doral, and Cymbalta 30mg per day. The patient reported that a previous trial of a higher dose of Cymbalta resulted in GI side effects. BDI was moderate and BAI was mild. He had 12 psychotherapy sessions 2 years ago, an additional 12 were recommended to ameliorate his current diagnosis and enhance his chronic pain mechanisms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 12 visits:** 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 of 127.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for depression.

**Decision rationale:** The patient suffers from depressive disorder NOS as well as chronic pain. He had a course of 12 sessions of psychotherapy which ended 2 years ago. It is unclear what condition that course was treating or what the efficacy or outcome was. His psychological evaluation report above noted that he is prescribed Cymbalta 30mg, this medication has the dual action of an antidepressant and used for neuropathic pain. The patient apparently has not had a psychiatric consultation for possible administration of psychotropic medication for his depression. Cognitive behavioral therapy with medication is the gold standard of treatment for depression. It would also be useful to help the patient develop coping skills for his chronic pain condition. Targeted symptoms and objective measurable goals would need to be developed in order to measure response to treatment. Both MTUS and ODG recommend a limited trial of psychotherapy, advancing to further treatment with evidence of objective functional improvement. This request is for 12 visits, which exceeds the initial recommended 3-4 in MTUS, and initial 6 of ODG. This request is not medically necessary.