

<b>Case Number:</b>	CM14-0026159		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/04/1991
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Neurology 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:

The injured worker is a 54 year old male whose date of injury is 11/04/1991. The mechanism of injury is described as lifting. Note dated 02/06/14 indicates that medications include Baclofen, Cymbalta, morphine sulfate, oxycontin, Topamax, valium, Lactulose and salonpas. He has a history of lumbar discectomy and fusion in 2000 as well as discectomy in 1997. Diagnoses are chronic pain syndrome, myofascial pain syndrome, post lumbar discectomy/fusion syndrome, and sprain sacroiliac nos. Treatment to date includes physical therapy, acupuncture, pain management counseling, psychological counseling, epidural steroid injections, facet injections, trigger point injections and medication management. Agreed medical re-evaluation dated 03/12/14 indicates that the current PAI profile essentially mirrors earlier profiles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 PSYCHOTHERAPY SESSIONS A YEAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** Based on the clinical information provided, the request for 30 psychotherapy sessions a year is not medically necessary. The submitted records indicate that the injured worker has undergone extensive psychotherapy to date; however, the injured worker's objective functional response to psychological treatment is not documented. The request exceeds Chronic Pain Medical Treatment Guidelines which support up to 10 visits of individual psychotherapy. Given the lack of significant sustained gains as a result of prior psychological treatment as well as the excessive nature of the request, 30 sessions of psychotherapy are not supported as medically necessary.