

<b>Case Number:</b>	CM14-0027549		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/28/1993
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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:

The injured worker is a 61-year-old male with a reported injury on 6/28/93. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/27/13 reported that the injured worker complained of cervical, thoracic, and lumbar pain. The injured worker reported that the thoracic spinal pain was the worst. The physical examination revealed increased pain with cervical extension and rotation, palpable muscle spasms across his neck with trigger points identified. Positive Spurling's bilaterally. The range of the injured worker's cervical spine demonstrated flexion to 30 degrees and extension to 25 degrees. It was reported that the injured worker had 5-/5 strength in finger abduction, decreased sensation in the C6 distribution bilaterally. The range of motion of the lumbar spine demonstrated flexion to 45 degrees and extension to 10 degrees. The lumbar spine had palpable muscle spasms across the lower back and over the facet joints, especially at L4-5. It was reported that the injured worker had decreased sensation to the right L4 and L5 distributions. It was noted the injured worker had positive straight leg raise bilaterally. The injured worker's diagnoses included status post cervical fusion, C5-6 and C6-7; lumbar fusion, L5-S1; C2-3, C3-4, and C4-5 cervical facet arthropathy; muscle spasms; chronic neck fracture and low back pain; carpal tunnel syndromes; lumbar facet syndrome; ulnar neuropathy across the elbow; and sacroilitis. The injured worker's prescribed medication list included Xanax, Pristiq, Cymbalta, Nexium, Proscar, Neurontin, lactose-free food, Robaxin, Bystolic, Zanaflex, and Ultram. The injured worker's prior treatments included facet medial branch radiofrequency ablation to the C3-4, C5 on 12/9/13 with 50% improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Visits with a pain psychologist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, 101 Psychological Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**Decision rationale:** The injured worker complained of cervical, thoracic, and lumbar spine pain. The treating physician's rationale for a psychological pain visit is due to the injured worker's depression and anxiety. The California MTUS guidelines recommend psychological treatments for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The steps include: (1) Identify and address specific concerns about pain and enhance interventions that emphasize self-management; (2) identify patients who continue to experience pain and disability after the usual time of recovery; and (3) pain is sustained in spite of continued therapy (including the above psychological care). It is noted that the injured worker is diagnosed with depression and anxiety; however, there is a lack of clinical evidence of objective functional improvement as a result of psychotropic medication. There was a lack of clinical information indicating the rationale for a specialty consultation. Moreover, there is a lack of clinical evidence that the injured worker's pain, depression, anxiety is unresolved with the primary physician's standardized care. Furthermore, the request for 10 sessions exceeds the guidelines recommendation of 3 to 4 initial trials psychotherapy visits. In addition, there is a lack of psychological symptoms and deficits to support the necessity of the requested treatment. Given the information provided, there is insufficient evidence to determine appropriateness of psychologist visitations to warrant medical necessity; as such, the request is not medically necessary.