

<b>Case Number:</b>	CM14-0034012		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/25/1986
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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 53 year old male who reported an injury on 02/25/1986. The mechanism of injury is unknown. The injured worker complained of left sided low back pain, bilateral low back pain that radiated to left buttock. The injured worker rated his pain at a 7/10 on VAS. The injured worker stated that the pain was constant but varied in intensity. Physical examination revealed that the injured worker was a stable post-operative lateral L1-S1 fusion and L4-5, L5-S1 interbody fusion. The injured worker has diagnoses of drug-induced impotence spondylosis, degeneration of lumbosacral intervertebral disc, lumbar post-laminectomy syndrome and chronic pain syndrome. The injured worker has undergone spinal surgery 2011 L1-3 fusion, spinal surgery 2004 L3-S1 fusion, spinal surgery 1998 C6-7 fusion, spinal surgery 1987 L4-5 fusion and spinal surgery 1986 L4-5 laminectomy. Diagnostics consist of MRI of the lumbar, X-ray of the lumbar, CT scan of the lumbar spine and EMG/NCS of the lower extremities. The injured worker has had facet joint injections, physical therapy, transforminal epidural steroid injections and medications. Medications to include Clonazepam 0.5mg 1 tablet PRN, Clonidine 0.1mg/24 hour weekly transdermal patch, Cyclobenzaprine 10mg 1 tablet at bedtime, Fentanyl 74mcg/hour transdermal patch, Flector 1.3% transdermal 12 hour patch, Hydrocodone 10mg-Acetaminophen 325mg 1 tablet every 4 hours PRN, Kadlan 20mg 1 capsule at bedtime, Lyrica 75mg 2 capsules 2 times a day, Naproxen sodium 550mg 1 tablet 2 times a day, Paroxetine 10mg 1 tablet once a day, Soma 350mg 1 tablet 2 times a day PRN, Terocin 4% patch, Thermacare large/xlarge and Zolpidem ER 12.5mg 1 tablet at bedtime. The treatment plan is decision for pain Psychology 1 time per week for 8 weeks. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Psychology 1 time per week for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

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

**Decision rationale:** The injured worker complained of left sided low back pain, bilateral low back pain that radiated to left buttock. The California Medical Treatment Utilization Schedule (MTUS) state that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Guidelines stipulate that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured workers onset of pain began shortly after an intramuscular injection of Toradol. The injured worker had tenderness to palpation to site of injection. The submitted report lacked any evidence of physical medicine treatment. There also lacked evidence of any objective functional deficits. Furthermore, the request submitted is for 1 visit over a course of 8 weeks. Guidelines recommend an initial trial of 3-4 visits over 2 weeks. As such, the request for Pain Psychology 1 time per week for 8 weeks is not medically necessary and appropriate.