

Case Number:	CM14-0056322		
Date Assigned:	07/09/2014	Date of Injury:	10/12/2011
Decision Date:	08/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 licensed 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 25-year-old male who reported injury to the back on 10/12/2010 secondary to a fall. On 10/31/2013, the injured worker complained of increased pain for 2 days to the lower back, secondary to repetitive unloading of a delivery truck and increased pain to the left lower extremity for 2 weeks. Abnormal findings showed slightly antalgic gait, deep tendon reflexes of 2+ patellar and 1+ Achilles bilaterally, sensation was slightly diminished on the left posterolateral lower extremity; sciatic notches painful to palpation left greater than right; sacroiliac joints were tender, left greater than right; tenderness over the paraspinals and lumbosacral facets; significant myofascial restrictions to bilateral lumbosacral region; lumbar range of motion had flexion of fingertips to knees; extension to 2 degrees with increased pain; lateral flexion, fingertips to lower thigh bilaterally; pain with rotation bilaterally; and the straight leg raise was positive on the left. The note dated 11/13/2013 stated the he tried and failed multiple treatments to include epidural steroid injections, physical therapy, NSAIDs, opioids, and chiropractic therapy. He had a psychological evaluation done 12/27/2013 that interpreted him to have recurrent, single episode, moderate severity, major depressive disorder with mildly anxious distress. It was recommended that he participate in individual psychotherapy every other week for approximately 12 sessions over 6 months. The goal of treatment would be to provide coping strategies for pain that would allow him to work more comfortably; long-term goals would focus on the reduction of frequency and intensity of depressive symptoms, which were likely being exacerbated by chronic pain; and alleviation of depression symptoms combined with coping strategies for pain would improve his emotional/psychological wellbeing; and contribute to an increase in life satisfaction. It was also recommended that he continue his antidepressant medication, maintain regularly scheduled appointments with primary treating physician, and encouraged to exercise regularly and participate in simple social activities in his community. He

had a PHQ-9 (depression screening) done in which he scored 17, which indicated moderate depression. No other diagnostics were submitted for review. He had diagnoses of lumbar disc herniation at L5-S1, numbness, lumbar spine, chronic pain syndrome, lumbar facet pain, lumbar radicular pain, lumbar spinal stenosis, and cubital tunnel syndrome on the left, and depression. He had past treatments of epidural steroid injection (ESI's), physical therapy, NSAIDs, opioids, and chiropractic therapy, and failed those conservative measures. His medications included Tizanidine 4 mg, omeprazole 20 mg, naproxen sodium 550 mg, and hydrocodone/acetaminophen 10/325 mg, Cymbalta 60 mg and pain cream. He also at least 1 reported psychotherapy session. The treatment plan was for continuation of medications and a referral for psychological consult with psychology and psychiatry; and facet injections. The request for authorization form was signed and dated 03/18/2014. There was rationale for the request for individual psychotherapy sessions, 12 sessions for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 12 sessions for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, page 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL THERAPY Page(s): 23.

Decision rationale: The request for individual psychotherapy, 12 sessions for 6 months, is not medically necessary. The injured worker complained of increased pain for 2 days to the lower back, secondary to repetitive unloading of a delivery truck and increased pain to the left lower extremity for 2 weeks. He had past treatments of ESI's, physical therapy, NSAIDs, opioids, and chiropractic therapy, and failed those conservative measures. He had a psychological evaluation that recommended psychological treatment every other week for approximately 12 sessions over 6 months, with outlined short-term or long-term goals. The California MTUS Chronic Pain Medical Treatment Guidelines, cognitive behavioral therapy for chronic pain states that initial therapy for at-risk patients should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine, to consider a separate psychotherapy, cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone, with an initial trial of 4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 10 visits over 5 to 6 weeks. The provided documentation supports the need for psychotherapy sessions. The note dated 11/13/2013 stated the he tried and failed multiple treatments to include epidural steroid injections, physical therapy, NSAIDs, opioids, and chiropractic therapy. He had a psychological evaluation done 12/27/2013 that interpreted him to have recurrent, single episode, moderate severity, major depressive disorder with mildly anxious distress. A repeat PHQ-9 (depression screening) was done on 02/02/2014 and he scored 14, which indicated he still had moderate depression; however, documentation does not state how many sessions the injured worker actually had. The note dated 12/20/13 stated he had his first visit with the psychologist and was waiting to schedule his next and another note said he had

both evaluations done, but only one evaluation was submitted. In addition, the request exceeds the recommended 4 initial visits. Given the above, the request for individual psychotherapy, 12 sessions for 6 months, is not medically necessary.