

<b>Case Number:</b>	CM14-0068236		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 50 year old female who reported injury on 12/15/2011. The mechanism of injury was not specified. The diagnoses included are myofascial pain syndrome, cervical and lumbar spine strain and lumbosacral radiculopathy. Past treatments include medications and a trigger point injection at L3-S1. On 04/21/2014, the injured worker complained of back and neck pain, numbness and weakness of both legs. The physical exam indicated positive sensation in bilateral feet, positive straight leg raise, positive bilateral ankle reflex and decreased range of motion of the back. Medications include Naprosyn 550mg, Omeprazole 20mg, Flexeril 7.5mg and Neurontin 900mg. The treatment plan was to request a psychological consult, refill medications, request more therapy sessions and request an epidural steroid injection. The rationale is a significant change in condition and treatment plan. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Behavioral Counseling 2 x Wk x 6 Wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Psychological Treatment Page(s): 23. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

**Decision rationale:** The request for Psych Behavioral Counseling 2 times per week for 6 weeks is not medically necessary. The injured worker has a history of myofascial pain syndrome, cervical and lumbar spine strain and lumbosacral radiculopathy. The California MTUS guidelines recommends psychological treatment for appropriately identified patients during treatment for chronic pain. The injured worker complained of back and neck pain, as well as numbness and weakness of both legs with no indication of emotional events from dealing with chronic pain. Additionally, guidelines state psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing one's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders, such as depression, anxiety, panic disorder, and posttraumatic stress disorder. However the documentation provided no evidence of any mood disorders, the reason for treatment pertaining to mental issues, setting of goals or coping mechanisms. Therefore the request for psychological treatment is not supported. As such, the request for Psych Behavioral Counseling 2 times per week for 6 weeks is not medically necessary.