

<b>Case Number:</b>	CM14-0076684		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/08/2002
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Psychology 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 46-year-old male who reported an injury on 05/08/2002. The mechanism of injury was not provided. On 07/21/2014, the injured worker presented with stiffness and soreness to the low back with radiating pain down the bilateral lower extremities. On examination, the injured worker was not in any acute distress. The injured worker did not appear to be confused or lethargic and denied suicidal ideation. The injured worker made good eye contact and does not exhibit acute distress, confusion, fatigue, or lethargy. The current diagnoses were lumbosacral sprain/strain, lumbosacral disc injury and lumbosacral radiculopathy. Prior treatment included surgery and medications. The provider recommended a psychological evaluation and psychotherapy sessions. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological evaluation QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The request for a psychological evaluation with quantity of 1 is not medically necessary. The California MTUS/ACOEM Guidelines state specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities, segmental illness or chronic conditions, establishing a good working relationship with an injured worker may facilitate a referral or a return to work process. It is recognized that the primary care physician and other non-psychological specialist commonly deal with and to treat psychiatric conditions. It is recommended that serious conditions such as severe depression or schizophrenia be referred to a specialist with common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner can use his or his best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medical therapy. The included medical documentation lacked evidence of a significant deficit related to the injured worker's mental health. There are no signs and symptoms or diagnosis that would be congruent for a referral to a psychiatrist. As such, the request is not medically necessary.

**Psychotherapy sessions of unspecified frequency and duration:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain, page(s) 23 Page(s): 23.

**Decision rationale:** The request for psychotherapy sessions of unspecified frequency and duration is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after 4 weeks of lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline as which to measure the efficacy of the therapy. The providers request for psychotherapy sessions does not indicate the amount of therapy sessions or frequency of the sessions in the request as submitted. As such, the request is not medically necessary.