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| <b>Case Number:</b>   | CM14-0150948 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 07/15/1995 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 09/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 male who sustained an industrial injury on 07-15-1995. In a report from a pain specialist (08--8-2014), his past medical history is of a L5-S1 fusion (04-1996, 1998, and 2001 respectively). He had a C5-6 fusion 04-1996, L4-L5 fusion in 05-2010, and sacroiliac joint fusion in 05-2012. His medications as of 08-08-2014 include OxyContin, Norco, Skelaxin, Methocarbamol, Restoril, and alprazolam. He is also taking testosterone 6 ml daily and Miralax 17 gm daily. He also has had extensive psychotherapy sessions. Medical records(05-07-2014 through 07-15-2014) indicated the worker was treated for a depressive disorder and feels his back has not completely fused as he occasionally feels a "clunk" accompanied by pain. The worker states his symptoms have been worsening since his injury and avoids going to work, socializing with friends, physically exercising, performing household chores, participating in recreation, driving, doing yard-work or shopping, having sexual relations, and caring for himself because of his pain. The provider notes from 05-07-2014 through 07-15-2014 indicate the worker is establishing with a new psychologist. The psychologist writes in his treatment update that his plan is to request six sessions to be used at a rate of one per two weeks. The worker is currently not working since 07-05-1995. He is temporarily disabled and receiving disability benefits. A request for authorization was submitted for Six (6) psychotherapy sessions. A utilization review decision 09-15-2014 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence; BMJ Publishing Group, Ltd.; London, England; [www.clinicalevidence.com](http://www.clinicalevidence.com); Section: Musculoskeletal Disorders; Condition: Low Back Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations.

**Decision rationale:** In this case, the claimant has already undergone 6 sessions with a neuropsychologist. The claimant was noted to have improvements in activity. The claimant participates in yoga and uses a treadmill. The psychologist requested 6 additional sessions to stabilize and consolidate gains. According to the guidelines, 6-10 visits are recommended for those who show functional gain after 3-4 sessions. The 6 additional sessions would total 12 sessions and exceed the guidelines amount. As a result, the request for 6 additional psychotherapy visits is not medically necessary or appropriate.