

<b>Case Number:</b>	CM15-0006271		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old male with subsequent ongoing low back pain. Treatment included spinal fusion, behavioral pain management classes, pain coping skills group therapy, psychotherapy, physical therapy, epidural steroid injection and medications. The injured worker complained of ongoing depression related to his injuries. The injured worker last worked in 2008. In a psychological evaluation dated 12/9/14, the injured worker reported constant low back pain 6-7/10 on the visual analog scale. The injured worker reported that pain significantly affected his activities, mood and family. He stated that he felt guilty, frustrated and irritable. He endorsed crying spells with increasing frequency and suicidal ideation without any plan or intent. The physician recommended individual psychological treatment with [REDACTED] to address moderate to severe level of depression. On 12/22/14, Utilization Review issued a modified certification for a request for initial evaluation and 4 individual psychological visits with [REDACTED] to an initial evaluation with [REDACTED] citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation and 4 individual psychological visits with [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment/evaluations Behavioral interventions Page(s): 100-102, 23.

**Decision rationale:** The 12/23/14 Utilization Review letter states the Initial evaluation and 4 individual psychological visits, requested on the 12/09/14 medical report, is modified to allow the initial consultation only. The reviewer believes MTUS is silent on the frequency of individual visits, and would like to see the recommendations from the psychologist based on the initial evaluation. The 12/09/14 report is from a pain psychologist at the functional restoration program. Axis I included chronic pain disorder associated with both psychological factors and an orthopedic condition; depressive disorder, moderate to severe. His depression was being managed with medications. He had group classes at the FRP, but these did not focus on depression. He had 8-10 sessions at [REDACTED] 3-years ago. The psychologist recommends referral to an outside psychologist that specializes in depression and pain management. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. MTUS Chronic Pain Medical Treatment Guidelines page 101-102 for Psychological treatment, states: "recommended for appropriately identified patients during treatment for chronic pain" and "cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." MTUS Chronic Pain Medical Treatment Guidelines page 23 for Behavioral interventions states: 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; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) The psychological evaluation and treatment are both recommended under MTUS guidelines. MTUS states 3-4 sessions are recommended and if there is objective functional improvement, these can be extended. The request for Initial evaluation and 4 individual psychological visits with [REDACTED] IS medically necessary.