

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0102018 |                              |            |
| <b>Date Assigned:</b> | 06/04/2015   | <b>Date of Injury:</b>       | 11/26/1996 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 05/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2015 |

### 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: Psychologist

### 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 37 year old female patient who sustained an industrial injury on 11/26/1996. A follow up visit dated 08/29/2014 reported the patient with chief complaint of low back pain. She states the pain is a little better. The pain is constant and brought on with prolonged standing and walking and better with lying down on side. She is taking Ultram, Ultracet, Naproxen, and Lidoderm patches without any issue. She states having panic attacks waiting for medication authorization. She is currently off from work and unable to find work to accommodate restrictions. Objective findings showed a lumbar facet load test is positive. The impression noted the patient with lumbar sprain/strain; lumbar facet arthropathy; anxiety panic attacks, hallucination and depression and diabetes. The plan of care involved scheduling the patient to undergo an authorized lumbar medial branch block. She is to continue with current medications which are Tramadol, Ultracet, Naproxen and Lidoderm patches. On 12/10/2014 she reported the pain returning worse in intensity. It is described as sharp, throbbing with unexpected flare ups. Current medications are: Ultram, Ultracet, Naproxen, Norflex, Clonidine, Metformin, Zocor, Tizanidine and Sonata. Objective findings showed tenderness in the lumbar paraspinal muscles. Lumbar range of motion is with more pain on extension. Lumbar facet stress test is found positive. There is no change in the treating diagnoses. The plan of care involved: discussion regarding radiofrequency is not an option as it is not authorized. When the next flare up arises she is recommended to receive trigger point injection. The patient reports the Ultracet is helping taking four tabs daily. The plan is to switch to Tramadol ER 150mg twice daily. She will continue with the Lidoderm patch and the Naproxen. She also has been seeing a

psychiatrist. There is still pending request for a surgical consult and acupuncture sessions. She will remain permanent and stationary and follow up in two months. The patient did return to the emergency department on 05/04/2015 with subjective complaint of left check swollen, facial swelling secondary to reaction to Toradol. She is also with chronic complaint of back pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychotherapy x 20 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving medication management services from psychiatrist, [REDACTED], and psychotherapy treatment from LMFT, [REDACTED]. In the most recent progress note dated 4/24/15, [REDACTED] reports continued symptoms and need for additional treatment. However, it is unknown as to the number of completed sessions to date nor the progress and improvements that have been made as a result of those services as this information was not included in the note. The ODG recommends "up to 13-20 therapy visits over 7-20 weeks (individual sessions), if progress is being made." It further indicates that "in cases of severe Major Depressive Disorder or PTSD, up to 50 sessions if progress is being made." Additionally, "the provider should evaluate symptoms improvement during the process, so treatment failures can be identified early and alternative strategies can be pursued is appropriate." Without the information discussed above, the need for any additional treatment cannot be determined. As a result, the request for an additional 20 psychotherapy visits is not medically necessary.