

<b>Case Number:</b>	CM15-0019213		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas

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 45-year-old male who reported an injury on 02/11/2009. The mechanism of injury was the injured worker and a coworker were lifting a piece of palm tree and when they both lifted it up, the piece of palm tree slipped from his coworker's hands and all the weight was transferred to the injured worker. The injured worker underwent a lumbar fusion from L4 through S1 in 2009 and 2011. The injured worker underwent epidural steroid injections. The injured worker underwent a CT myelogram of the lumbar spine. Prior therapies included medications and conservative care including chiropractic care and physical therapy. A psychological evaluation of 10/29/2014 revealed the injured worker scored a 24 on the Fear Avoidance Belief Questionnaire about physical activity. The Fear Avoidance Belief Questionnaire regarding the work was 42. A score above 29 is predictive of difficulty returning to work after 4 weeks of physical therapy. A score of 34 indicates an injured worker who has a high fear of being reinjured. With regard to the physical activity score, the higher the score above 13, the greater the injured worker's fear of physical activity is triggering their pain. The injured worker's diagnoses included adjustment disorder with anxiety and depression, sexual dysfunction due to a general medical condition, pain disorder with both psychological and GMC chronic, and problems related to the social environment. The treatment plan included a multidisciplinary program. The documentation of 12/04/2014 revealed the injured worker had continued pain. The injured worker had been utilizing Percocet 10/325 mg 4 times per day. The deep tendon reflexes were 2+ in the patellar tendon and 1+ in the gastric tendon bilaterally. The diagnoses included lumbar sprain, degenerative thoracic/lumbar intervertebral disc, and thoracic or lumbosacral neuritis or radiculitis (unspecified). The treatment plan included the injured worker should begin treatment with a psychiatrist shortly. There was no rationale or specific physician documentation requesting individual and family psychotherapy. There was no Request for Authorization submitted for review for the requested treatment.

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

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

**Individual and family psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend cognitive behavioral therapy for at risk injured workers. There should be a consideration for cognitive behavioral therapy, if after 4 weeks there is a lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits is appropriate. The clinical documentation submitted for review indicated the injured worker had significant fear avoidance beliefs regarding work and physical activity. There was a lack of documented rationale for the requested treatment. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for individual and family psychotherapy is not medically necessary.

