

<b>Case Number:</b>	CM15-0138918		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

This is a 36-year-old male with an August 10, 2011 date of injury. A progress note dated June 15, 2015 documents subjective complaints (chronic radicular and myofascial pain; increasing neuropathic pain in the plantar aspect of the feet; low back and left lower extremity pain), objective findings (no acute distress; normal posture; pain behaviors within expected context of disease), and current diagnoses (lumbar post laminectomy syndrome; displacement of lumbar intervertebral disc without myelopathy). Treatments to date have included medications, home exercise, lumbar spine surgery, and psychological evaluation. The treating physician documented a plan of care that included behavioral psychotherapy evaluation and 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral psychotherapy eval and 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101: see also Part Two, Behavioral Interventions, see also Psychological Treatment; Pages 101-102. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, topic CBT psychotherapy guidelines March 2015 update.

**Decision rationale:** Citation Summary: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics is very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. With regards to 6 sessions of treatment: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.

Decision: A request was made for behavioral psychotherapy evaluation and 6, the request was not approved by utilization review was provided the following rationale for its decision: "... The current report indicates the patient is progressing well and has a management plan for intermittent flareups of his lumbar radicular pain. He has a daily NASID and as needed tramadol. There is also use of nortriptyline for neuropathic pain, patient is training to become a contractor. There is no documentation of any current symptoms of anxiety and depression. There is no indication that the patient is having difficulty coping with chronic pain, in fact report states he is coping well. There is no mention of any excessive pain behaviors. Medical necessity for behavioral psychotherapy is not supported by the current clinical presentation." This IMR will address a request to overturn the utilization review decision and certified behavioral psychotherapy evaluation and 6 (visits). According to the medical records the patient had a comprehensive Psychology QME on December 15, 2014, a copy of which was not provided for this IMR, although some summary information was available. The patient had a prior psychological evaluation in 5/18/2013, as well by [REDACTED]. Physician progress report from April 22, 2015 indicates "no depression, anxiety, alcohol abuse, or suicidal ideation and feeling safe in relationship and sleep disturbances." The requested Behavioral psychotherapy evaluation is not supported as medically necessary at this juncture. The patient has been previously evaluated from a psychological perspective on at least two occasions. The request for 6 sessions is not supported as his prior psychological treatment history, if any, is not documented. This information is needed in terms of quantity and outcome in order to determine if further

psychological treatment is appropriate. In this case it appears that prior psychological treatment was first recommended following the 2013 evaluation, however it is unclear whether or not treatment followed and if so how much and what outcomes were achieved. Due to insufficient information the medical necessity of this request is not medically necessary, and therefore utilization decision is upheld.