

<b>Case Number:</b>	CM15-0162354		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 is a 52-year-old female with an October 20, 2013 date of injury. Current diagnoses include sprain of knee and leg; lumbar disc disorder; lumbar radiculopathy; lower back pain. Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (showed L5-S1 spondylolisthesis due to bilateral pars defects with marked right foraminal stenosis; L5 nerve root compression and moderate to marked left foraminal stenosis; L4-5 central disc protrusion and mild bilateral left greater than right facet arthropathy, without stenosis), epidural steroid injection, and work restrictions. A progress note dated July 1, 2015 documents subjective complaints (lower back pain; pain rated at a level of 3 out of 10 with medications, 5 to 6 out of 10 without medications, and 7 to 8 out of 10 with activities; numbness along the posterior portion of the thigh, calf, and plantar surface of the foot). Objective findings were not documented for this date of service. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included pain management counseling one time a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management counseling 1 time a week for 6 weeks: 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 23; Psychological Treatment, Pages 101-102.

**Decision rationale:** The patient continues to treat extensively for pain complaints without report of new injury or acute flare-ups. Clinical findings remained unchanged and previous psychological treatment has not resulted in any correlated functional improvement in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic 2013 injury. Submitted reports have not described why additional sessions are needed or identified what specific goals are to be obtained from the additional psychotherapy treatment to meet guidelines criteria to continue treatment. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy. The Pain management counseling 1 time a week for 6 weeks is not medically necessary and appropriate.