

<b>Case Number:</b>	CM15-0193151		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 47 year old male who sustained an industrial injury on 2-18-09. The medical records indicate that the injured worker is being treated for lumbar disc displacement; lumbago; thoracic or lumbosacral neuritis or radiculitis; depression. He is currently (9-22-15) binge eating and has gained over 70 pounds. He complains of ongoing low back pain. On physical exam of the lumbar spine there was restricted range of motion, tenderness to palpation of paravertebral muscles bilaterally, straight leg raise is positive. His general appearance and hygiene are satisfactory. His pain level was 9 out of 10 without medication and he did not take pain medication today because he was driving. His pain level was consistent from 3-5-15 through 9-22-15 and all levels were without medication although the records indicate he takes up to 6 Norco per day because of increased body habitus. Treatments to date include medications: Norco, Abilify, Xanax, Cymbalta; cognitive behavioral sessions which have ended since at least 3-5-15 and the injured worker continues to be depressed. He has been approved to attend inpatient sessions for treatment of his eating disorder. He request for authorization dated 9-22-15 was for psychotherapy 6 sessions. On 9-29-15 Utilization Review non-certified the request for psychotherapy times 6 sessions and modified to 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 6 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. 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 injured worker is being treated for lumbar disc displacement; lumbago; thoracic or lumbosacral neuritis or radiculitis as well as depression secondary to the same. Upon review of the submitted documentation, it is gathered that the injured worker has undergone psychotherapy treatment, however there is no clear documentation regarding the total number of sessions completed so far or any evidence of "objective functional improvement". The request for Psychotherapy x 6 Sessions is not medically necessary based on lack of information regarding prior treatment. It is to be noted that the UR physician authorized 4 sessions as a re-trial of CBT.