

<b>Case Number:</b>	CM15-0217794		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 50 year old man sustained an industrial injury on 1-7-2003. Treatment has included oral medications, epidural steroid injections, chiropractic care, acupuncture, and physical therapy. Physician notes from a pre-surgical psychological evaluation dated 9-25-2015 show complaints of low back pain with radiation to the bilateral lower extremities with a varying pain range of 5-9 out of 10. The mental examination showed anxiety and depression with notation that pain levels can increase these symptoms and patients usually improve their mental health and psychological symptoms with improved pain ratings. Recommendations include clearance for spinal cord stimulator implant, cognitive behavior therapy, and Lexapro. Utilization Review denied requests for cognitive behavior therapy and Lexapro on 10-27-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of cognitive behavioral therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Cognitive Behavioral Therapy.

**Decision rationale:** Based on the 9/25/15 progress report provided by the treating physician, this patient presents with low back pain radiating to the bilateral lower extremities, left > right rated 8/10. The treater has asked for 8 Sessions of cognitive behavioral therapy on 9/25/15. The request for authorization was not included in provided reports. The patient states that he has increased pain in the early morning hours, and also cites weight bearing as an aggravating factor per 9/25/15 report. The patient is s/p conservative treatment including medication management, epidural steroid injection, chiropractic care, acupuncture treatments, and physical therapy which have all failed per 9/25/15 report. The patient is currently using Tramadol and Soma per 9/25/15 report. The patient is s/p lumbar fusion in 2008 per 7/29/15 report. The patient is a candidate for a spinal cord stimulator trial but has not yet received psychological clearance as of 7/29/15 report. He has not returned to gainful employment since being fired after 8 months of work with restrictions, and is on social security disability per 9/25/15 report. MTUS Guidelines, Behavioral Intervention section, page 23 states: "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. See also Multi-disciplinary pain programs." ODG-TWC, Mental Illness & Stress Chapter under Cognitive Behavioral Therapy (CBT) Section states, "Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures." (Crits-Christoph, 2001) ODG-TWC Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Per requesting 9/25/15 report, the treater states: "The patient has not received pain psychology despite the fact his injury dates back to 2003. He should be provided with such care aimed at improving pain coping skills, medication compliance, reducing affective distress, and maximizing functional status. Eight sessions are requested." Utilization review letter dated 10/27/15 modifies request from 8 to 4 sessions as guideline recommend a trial of 3-4 sessions although the requested CBT is appropriate. Cognitive Behavioral Therapy would be indicated, considering the patient achieved a score of 33 on the Beck Anxiety Inventory, which is considered suggestive of severe anxiety and a score of 33 on the Beck Depression Inventory II which is considered suggestive of severe clinical depression per 9/25/15 report. However, ODG recommends a trial of 4-6 sessions. In this case, the requested 8 sessions of CBT are not in accordance with ODG guidelines. Therefore, the request IS NOT medically necessary.

**Unknown prescription of Lexapro:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

**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 under Escitalopram Mental Illness and Stress chapter under Antidepressants for treatment of MDD.

**Decision rationale:** Based on the 9/25/15 progress report provided by the treating physician, this patient presents with low back pain radiating to the bilateral lower extremities, left > right rated 8/10. The treater has asked for Unknown prescription of Lexapro on 9/25/15. The request for authorization was not included in provided reports. The patient states that he has increased pain in the early morning hours, and also cites weight bearing as an aggravating factor per 9/25/15 report. The patient is s/p conservative treatment including medication management, epidural steroid injection, chiropractic care, acupuncture treatments, and physical therapy which have all failed per 9/25/15 report. The patient is currently using Tramadol and Soma per 9/25/15 report. The patient is s/p lumbar fusion in 2008 per 7/29/15 report. The patient is a candidate for a spinal cord stimulator trial but has not yet received psychological clearance as of 7/29/15 report. He has not returned to gainful employment since being fired after 8 months of work with restrictions, and is on social security disability per 9/25/15 report. ODG-TWC, Mental Illness and Stress Chapter under Escitalopram (Lexapro) states: "Recommended as a first-line treatment option for MDD and PTSD." ODG-TWC, Mental Illness and Stress chapter under Antidepressants for treatment of MDD (major depressive disorder) states: "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." Per progress report dated 9/25/15, the treater states: "I would recommend trial of an SSRI such as Lexapro for the management of depression." Utilization review letter dated 10/27/15 denies the request due to a lack of dosage or quantity. In this case, the patient achieved a score of 33 on the Beck Anxiety Inventory, which is considered suggestive of severe anxiety and a score of 33 on the Beck Depression Inventory II which is considered suggestive of severe clinical depression per 9/25/15 report. Lexapro would be indicated for this type of condition according to ODG. However, the treater does not discuss the dosage of quantity of the requested Lexapro. Hence, the request IS NOT medically necessary.