

<b>Case Number:</b>	CM15-0045237		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Hawaii  
 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:

The injured worker is a 53 year old female who sustained a work related injury on October 21, 2011, incurring back injuries. Treatment included epidural steroid injections, physical therapy, back brace, home exercise program, anti-inflammatory drugs, sleep aides, antidepressants, and pain medications. She was diagnosed with lumbar herniated disc, chronic pain syndrome, depression, and chronic back pain syndrome. Currently, the injured worker complained of low back pain radiating to the right lower extremity with numbness and tingling, depression and chronic pain syndrome. The treatment plan that was requested for authorization included eight pain psychology treatments once a week for eight weeks as an outpatient and six physical therapy treatments twice a week for three weeks to the lumbar region as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Pain psychology once a week for 8 weeks as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Treatment, Behavioral interventions Page(s): 101, 23.

**Decision rationale:** The patient presents with pain affecting the low back accompanied with numbness and tingling in the right lower extremity. The current request is for 8 Pain psychology once a week for 8 weeks as an outpatient. The treating physician report dated 2/2/15 (27C) states, "Request Evaluation and 6 sessions of chronic pain CBT psychology given patient's current psychological state. The patient is emotionally distraught throughout OV and tearful regarding frustrations with pain and difficulty receiving authorized care within the WC system. Without appropriate psychological intervention, the patient's emotional state will continue to decline. Patient reports positive therapeutic benefit and a more stable mood when attending psychology sessions previously." The patient will not be able to successfully participate in rehabilitation if psychological state is unstable. With the recent request to wean off of Ambien, patient needs alternate strategies to manage her persistent insomnia. The MTUS has the following regarding psychology treatment: "Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." The MTUS guidelines on page 23 state, 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 treating physician also notes that if the patient's symptoms are not properly treated than her psychological state will continue to decline. In this case, there is no documentation of the total number of previously completed therapy sessions. The current request exceeds the MTUS recommendation of 3-4 sessions for an initial trial. The current request is not medically necessary and the recommendation is for denial.

**6 Physical Therapy 2 x week x 3 weeks to the lumbar region as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the low back accompanied with numbness and tingling in the right lower extremity. The current request is for 6 Physical Therapy 2 x week x 3 weeks to the lumbar region as an outpatient. The treating physician report dated 2/2/15 (27C) states, "Request physical therapy for flare up of pain symptoms". She continues to struggle with her chronic pain and is now having even more pain because of medication denials. Patient states that she is unable to do many exercises due to pain." Patient would benefit from a refresher course of physical therapy to update her exercise program." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. Medical reports provided, show that the patient has received previous physical therapy, although it is unclear how many visits have

been received to date. In this case, the patient has received prior physical therapy sessions and has established a home exercise program. Furthermore, without documentation of the quantity of previous physical therapy sessions received it is unclear if the current request for an additional 6 visits will exceed the 8-10 recommended by the MTUS guidelines. Recommendation is for denial.