

<b>Case Number:</b>	CM15-0231900		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 39 year old female sustained an industrial injury on 3-31-06. Documentation indicated that the injured worker was receiving treatment for chronic back pain and chronic pain syndrome. In a chronic pain the physician stated that "assessment measures suggest somatic problems in the mild range". The injured worker was not working and required "a lot" of assistance with activities of daily living. The physician recommended participation in the functional restoration program. In an encounter dated 9-24-15, the injured worker complained of ongoing low back pain, rated 4 out of 10 on the visual analog scale, associated with stiffness and sleep disturbance. The physician noted that the injured worker was currently exercising regularly and participating in the functional restoration program aftercare program. The physician stated that the injured worker continued with complex chronic pain condition affecting her low back that was improving. The injured worker had weaned from opiate based medications and remained on a small dose of Ibuprofen that she "used sparingly". The injured worker's mood was "improved with pain psychology". The physician recommended ongoing pain psychology. In a pain psychology encounter dated 9-24-15, the injured worker had completed 3 out of 4 of currently approved sessions. The injured appeared anxious and "affect" was congruent with mood. Documentation did not address functional improvement. The physician recommended six additional sessions of pain psychology. On 11-13-15, Utilization Review noncertified a request for additional pain psychology sessions 1 x 6 (total 22 after functional restoration program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional pain psychology sessions 1 times 6 (total 22 after FRP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Psychological Treatment Section.

**Decision rationale:** The MTUS guidelines do not address psychotherapy, therefore, alternative guidelines were consulted. Per the ODG, the guidelines for psychotherapy include: 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. In this case, this is a request for pain psychotherapy. The injured worker has already completed multiple sessions of psychotherapy without clear evidence of improvements. The request for additional pain psychology sessions 1 times 6 (total 22 after FRP) is determined to not be medically necessary.