

<b>Case Number:</b>	CM14-0120081		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injury on 05/26/2009 due to a fall at work. The injured worker was diagnosed with status post lumbar surgery and status post cervical surgery, mood disorder due to general medical condition, depression secondary to work-related injury, chronic pain, anxiety disorder due to a general medical condition, and generalized anxiety secondary to work-related injury. The injured worker underwent cervical spine surgery in 2013, rotator cuff repair in 2012, and a lumbar discectomy with hardware at L5-S1 on 04/05/2014. On 03/27/2014 a psychological evaluation was performed which noted the injured worker had psychological stress related to his situation, being out of work, and dealing with the aftermath of his physical injury, which was work-related. The injured worker scored a 43 on the Beck Depression Inventory II which was in the severe range and a 29 on the Beck Anxiety Inventory which was in the severe range. The Million Clinical Multiaxial Inventory III test stated that it he was experiencing symptoms of depression and anxiety. The Brief Battery for Health Improvement II noted extreme depressive and anxious thoughts and feelings, which resulted in suicidal ideation but he did not indicate any intent to kill himself. The Test of Memory Malingering noted scores of 35 and 34 on Trial 1, Trial 2, and 36 on the Retention Trial. These scores were possibly indicative of malingering or exaggeration from secondary gain. The injured worker reported significant symptoms of physical pain as well as psychological symptoms of depression and anxiety. These included, but were not limited to, isolation, low interest in activities and people, increased tearfulness, a lack of desire to live, sadness, and feelings of inadequacy. The injured worker was prescribed Norco and Voltaren. The physician was seeking 1 final visit with a psychologist to assist the injured worker with his depression and anxiety. A request for authorization form was not provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Follow-up visit with a Psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks. The injured worker has been diagnosed with depression and anxiety. There is a lack of documentation indicating whether the injured worker has undergone psychological treatment as well as the number of sessions completed. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.