

<b>Case Number:</b>	CM14-0148374		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Board Certified in Occupational Medicine and is licensed to practice in California. 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:

This is a 60-year-old female with a date of injury of 2/15/12. The mechanism of injury occurred when the patient fell. On 8/4/14 and 8/8/14 it was noted that the patient has completed 154 hours of [REDACTED] Functional Restoration Program ([REDACTED] FRP). She had reduced symptoms of depression, anxiety and insomnia. She had increased ability to cope with her depression, anxiety, and insomnia through utilization of cognitive behavioral techniques and other strategies she learned. On 8/27/14 she complained of chronic neck, back and left shoulder pain. She continued to have low back pain radiating down to the left lower extremity. Objective findings documented mood and affect were appropriate and mental status was normal. Exam of the lumbar spine showed tenderness to palpation over the lumbosacral junction. The range of motion was restricted. The diagnostic impression is lumbar disc displacement without myelopathy, spondylosis lumbosacral, and sprain/strain of the thoracic region. Treatment to date: MRI, surgery left shoulder 12/98, left thumb surgery 5/07, left knee surgery 4/08, right knee surgery 6/08, lumbar epidural 12/10/13 and 4/29/14, medication management, physical therapy, [REDACTED] Functional Restoration Program ([REDACTED] FRP) A UR decision dated 9/8/14 denied a request for psychological follow up visits quantity 12. The request for psychological visits was denied because guidelines state a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This request was not reasonable because there is no indication that the patient is still suffering from psychological issues after completing 154 hours of [REDACTED] FRP. Also, it is unclear why 12 sessions would be necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological follow up visit, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Office Visits and ODG Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 psychotherapy visits is recommended. However, it was noted on 8/4/14 and 8/8/14 that the patient has had 154 hours of ■■■ FRP. She has experienced reduced symptoms of depression, anxiety, and insomnia with the greater ability to cope with these issues using the learned cognitive behavioral techniques and other strategies. Guidelines support a total of 6 - 10 psychotherapy visits with evidence of objective functional improvement. With the 154 hours of ■■■ FRP and the 12 visits requested, this would greatly exceed the 6-10 visits recommended by guidelines. On 8/27/14 it was noted that objective findings included mood and affected were appropriate and mental status was normal. Therefore, the request for psychological follow up visit quantity 12 was not medically necessary.