

<b>Case Number:</b>	CM15-0018335		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 41 year old male patient, who sustained an industrial injury on 09/20/2013. A progress note dated 01/09/2015 reported pain rated an 8 out of 10 in intensity. he is noted having undergone a sleep study and prescribed Mirtazapine for sleep. Prescribed that visit was more than 72 hour supply of medications in order to improve the quality of life and the level of functioning. He is prescribed the following; Fexmid, Mobic, Tramadol ER, MS-Contin 60, Percocet 10, Cymbalta 60 and a Lidoderm patch. The patient is also noted taking Topamax and Mirtazapine. Nerve conduction study found chronic L5-S1 and L-4 radiculopathy left greater than right. the plan of care involved discontinuing Percocet 10 and begin Roxicodone 15, continue rest of medications, continue hydrotherapy, continue with cane as needed. A request was made on 01/19/2015 for weekly psychotherapy treating lower back injury. On 01/27/2015 Utilization Review non-certified the request, noting the CA MTUS/ ACOEM Low Back Complaint, Chronic Pain and ODG Low back were cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1 x per week (duration unspecified ): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these 'at risk' patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -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 submitted documentation suggests that the injured worker has symptoms of depression and anxiety for which psychotherapy has been recommended by the treating provider. However, the request does not indicate the total number of sessions being requested, the goals of the treatment or any information regarding past treatment with psychotherapy. Thus, the request for Psychotherapy 1 x per week (duration unspecified) is not medically necessary.