

<b>Case Number:</b>	CM15-0115251		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Emergency 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 6/6/06. He has reported initial complaints of a low back injury at work. The diagnoses have included status post lumbar surgery, status post lumbar laminectomy syndrome, opioid dependency and depression. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/17/15, the injured worker ambulates with a slowed gait and is poorly groomed. The lumbar spine exam reveals hypertonicity, spasm, tenderness, tight muscle band and trigger point. There is positive lumbar facet loading bilaterally. The medical exam reveals that the lumbar spine shows decreased range of motion with flexion. It is noted that he was administered the Beck Depression Inventory and scored 27 which is consistent with moderate depression. He also scored a 10 on the modified Anxiety Inventory which is consistent with minimal level of anxiety. He also reports not sleeping as well as he used to sleep. The current medications included Baclofen, Restoril and Suboxone. There are no previous urine drug screen reports noted, no previous diagnostics and no previous therapy sessions. The physician requested treatment included Psychologist treatment and evaluation for behavioral modification, counseling, and acceptance of pain, relaxation techniques, behavioral modification, and reduction in reliance on oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist treatment and evaluation:** Upheld

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

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

**Decision rationale:** The requested Psychologist treatment and evaluation , is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The treating physician has documented that the lumbar spine exam reveals hypertonicity, spasm, tenderness, tight muscle band and trigger points. There is positive lumbar facet loading bilaterally. The medical exam reveals that the lumbar spine shows decreased range of motion with flexion. It is noted that he was administered the Beck Depression Inventory and scored 27 which is consistent with moderate depression. He also scored a 10 on the modified Anxiety Inventory which is consistent with minimal level of anxiety. The treating physician has not documented trials of anti-depressant medication, nor the medical necessity for psych treatment pending a thorough psych evaluation. The criteria noted above not having been met, Psychologist treatment and evaluation is not medically necessary.