

<b>Case Number:</b>	CM15-0119097		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 35-year-old male, who sustained an industrial injury on 03/15/2012. Treatments to date have included PT, TENS, NSAIDS, opioid medications and cortisone injections. He currently complains of continued symptoms which wax and wane in intensity through the day, diffuse body pain, and low back pain that spreads through his body. He reports that his medications losing their effectiveness and he is gradually escalating his pain medication usage. On physical examination, the injured worker has a somewhat flattened lordosis of the lumbar spine with limited range of motion due to pain and stiffness. He has tenderness to palpation over the paralumbar extensors and facet joints, 5/5 bilateral lower extremity pain with intactness to light touch, gait is antalgic and he uses a cane. In psychological re-evaluation of 03/22/15, it was noted that the patient had been awarded psychological services. Inventories both rated as severe for anxiety and depression. Recommendation was for the patient to continue psych services with [REDACTED], who he had apparently consulted with on 02/23/15, and gave the patient the diagnosis of major depressive disorder single episode. There was no report available for review. There are RFA's for psychotherapy but it is unclear how many, or if, the patient received any psychotherapy sessions and what the functional improvement was. On 05/12/15 mood was anxious, depressed, sad and uneasy, insight fair, psychomotor activity lethargic. He is on multiple medications for pain and neuropathy/radiculopathy. Diagnoses are chronic pain due to trauma, adjustment disorder with depressed mood, depression NOS, anxiety NOS, and lumbago or lumbosacral neuritis or radiculitis due to trauma.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychology treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

**Decision rationale:** Guidelines recommend behavioral interventions to assist the injured worker to develop and reinforce coping skills in the treatment of pain. An initial trial of 3-4 sessions over 2 weeks, then evaluate for objective functional improvement before certification of additional sessions. It is unclear how many sessions of psychotherapy this patient has received. If he has received psychotherapy, no records were provided to show if there was objective functional improvement. In addition, there was no quantity of psychotherapy sessions requested. As such, this request is not medically necessary.