

<b>Case Number:</b>	CM15-0125503		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 67 year old male patient who sustained an industrial injury on 02/18/2010. Diagnoses include cervical disc degeneration, backache not otherwise specified, and post laminectomy syndrome of lumbar region. He suffers from urinary incontinence, possibly related to spinal surgery. He has been seen by behavioral medicine, most recently on 04/09/15. Diagnosis given was adjustment disorder with mixed anxiety and depression. Beck Inventories were mild for anxiety, mild-moderate for depression. SOPA=average but he did not answer 2 questions so that deemed the scale as invalid. Recommendation was for a mindfulness based approach for pain management, and possibly another antidepressant trial along with his current Cymbalta. At that time he received two psychotherapy sessions. On 05/11/15 a PR2 showed his pain rating was 4/10. Current medications are Cymbalta, Flexeril, Oxycodone, cyclobenzaprine, and Ibuprofen. UR of 06/08/15 modified this request to #2. There was no further documentation provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 19-23.

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

**Decision rationale:** A mindfulness based approach was recommended for this patient for pain management. It appears that a total of 4 sessions were certified through 08/08/15. In order for additional services to be certified there must be evidence of objective functional improvement. There were no progress notes or other records provided to show this, or in fact what his pain status is since a PR2 of 05/11/15. At that time, his pain was rated 4/10. Since then there has been no reported pain, or complaints of depression or anxiety. This request is therefore not medically necessary.