

Case Number:	CM15-0070007		
Date Assigned:	04/17/2015	Date of Injury:	10/10/2002
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of October 10, 2012. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve requests for ongoing psychological therapy and sexual therapy secondary to pain-three sessions. The claims administrator contended that the applicant had had unspecified amounts of psychotherapy through this point in time. The claims administrator noted that the applicant was off of work, on total temporary disability, as of the date of the request. Progress notes of March 11, 2015 and March 19, 2015 were referenced in the determination, as was an RFA form dated March 18, 2015. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant was placed off of work from a mental health perspective. The applicant was using Protonix, capsaicin, Lidoderm, an H-Wave device, Desyrel, Neurontin, Imitrex, capsaicin cream, Cialis, and baclofen, it was reported. The applicant did report various issues, including chronic low back pain, depression, anxiety, sleep disturbance, and sexual dysfunction, it was further noted. The applicant had undergone an earlier failed lumbar spine surgery, it was further noted. On February 11, 2015, the applicant reported persistent complaints of low back pain radiating into leg. An intrathecal pain pump was being pursued. Butrans, Imitrex, Protonix, and Phenergan were renewed. The attending provider reiterated his request for the intrathecal pain pump trial. Quantitative urine drug testing was proposed. In a psychology note dated February 26, 2015, the applicant continued to report issues

with chronic pain-induced depression, sleep disturbance, and sexual dysfunction. The applicant was placed off of work, on total temporary disability. The applicant was asked to try to employ techniques to relax. The applicant stated that he would try to attend some course work in an effort to return to the workforce. The applicant's sexual dysfunction issues were not elaborated upon. There was no mention of the need for sexual therapy on this occasion. On March 19, 2019, the applicant was placed off of work, on total temporary disability. Three sessions with a psychologist specializing in the treatment of chronic pain in applicants experiencing sexual dysfunction were proposed. Additional psychotherapy was apparently while the applicant was kept off of work. A four-lead TENS unit device and/or H-Wave device were also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sexual therapy secondary to pain x 3 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.everydayhealth.com/health-center/sex-therapy-for-erection-problems-info.aspx>.

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

Decision rationale: Yes, the request for sexual therapy secondary to pain times three sessions was medically necessary, medically appropriate, and indicated here. The requesting provider framed the request as a request for psychotherapy sessions with a psychologist specializing in the treatment of sexual dysfunction in chronic pain applicants. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, behavioral interventions are recommended. Page 23 of the MTUS Chronic Pain Medical Treatment Guidelines recommends an initial trial of three to four sessions of psychotherapy. Here, the request in question was framed as a first-time request for treatment through a psychologist specializing in issues with sexual dysfunction. The applicant had apparently alleged development of sexual dysfunction owing to chronic pain issues. A trial of the same was, thus, indicated here. Therefore, the request was medically necessary.

Ongoing psychological therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: Conversely, the request for ongoing psychological therapy with the applicant's current treating psychologist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge

that cognitive therapy can be problem-focused, with strategies intended to help alter an applicant's perception of stress, or emotion-focused, with strategies intended to alter an applicant's response to stress, this recommendation is, however, qualified by commentary made in ACOEM Chapter 15, page 405 to the effect that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, however, the applicant has seemingly failed to respond favorably to earlier unspecified amounts of psychotherapy over the course of the claim. The applicant has received multiple psychotherapy/psychological counseling visits in 2015 alone. The applicant has, however, failed to respond favorably to the same. Significant depressive symptoms persist. The applicant was placed off of work, on total temporary disability, from a psychological perspective on multiple occasions, referenced above, including on March 19, 2015. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of extensive prior psychological therapy over the course of the claim. Therefore, the request for additional unspecified amounts of ongoing psychological therapy was not medically necessary.