

<b>Case Number:</b>	CM15-0073929		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/25/2002
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 61-year-old male who sustained a work related injury February 25, 2002, due to neck and lower back injuries. A psychiatric primary physician's permanent and stationary evaluation and report, dated January 27, 2015, found the injured worker complaining of weekly headaches, lightheadedness on awakening and dizziness when getting up out of bed or after a nap. He also complains of middle to low back pain on a daily basis and noted he was more depressed than nervous with his physical limitations adding a weight gain of 120 pounds since his injury. Diagnosis is documented as pain disorder associated with both psychological and medical condition with unresolved anger. According to a primary treating physician's progress report, dated April 6, 2015, the injured worker is feeling better emotionally and objective findings are documented as his psychological condition has improved. He has completed his approved sessions and requests authorization for psychological re-evaluation and psychological testing. Diagnosis is documented as chronic pain disorder with psychological factors and a general medical condition (also unresolved anger). Of note, several documents from orthopedic surgery, submitted in the medical records, are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy:** Upheld

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

**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 recommend 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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain since the other forms of conservative approach have not been helpful so far. However, the request for Psychotherapy does not specify the number of sessions being requested and thus is not medically necessary at this time.

**Psychological re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100, 101.

**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 recommend 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. The injured worker has been diagnosed with pain disorder associated with both psychological and medical condition with unresolved anger and per report dated report, dated 4/6/2015, the injured worker reported feeling better emotionally and objective findings were documented as "the psychological condition has improved". The request for Psychological re-evaluation is not clinically indicated at this time based on the most recent presentation and thus is not medically necessary.

**Psychological testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100, 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Psychological evaluations.

**Decision rationale:** ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures with not only selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for Psychological testing does not specify the type of testing being requested, the clinical rationale for ordering such testing or the quantity being requested. Thus, the request is not medically necessary.