

<b>Case Number:</b>	CM15-0076696		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 54-year-old male, who sustained an industrial injury on 2/25/14. He reported initial complaints of lower back radiating to left thigh and right leg, right groin and right foot. The injured worker was diagnosed as having lumbar spinal stenosis; lumbar spine radiculitis; pain disorder associated with both psychological factors and general medical condition; major depressive disorder; generalized anxiety disorder. Treatment to date has included status post L5-S1 fusion (1997); status post bilateral L5-S1 transforaminal epidural steroid injections/epidurogram/neurogram (1/19/15); medications. Diagnostics included MRI lumbar spine (4/14/14)x-rays lumbar spine (8/18/14); x-ray pelvis (8/18/14); x-rays right shoulder (8/18/14); bilateral ankles (8/18/14) EMG/NCV bilateral lower extremities (9/15/14). Currently, the PR-2 notes dated 12/16/14 indicated the injured worker is being seen on this date for an orthopedic evaluation. The injured worker is no doing well, he has continued complaints of low back pain radiating to his legs. He indicates this is chronic and severe in nature. He indicates he has been waking at night with severe pain due to this, he has been experiencing anxiety and inability to sleep. Additionally, he feels he has been having difficulty with sexual function and relates this to his low back pain. On examination, he ambulates with a cane. He has tenderness about the lower lumbar paravertebral musculature with forward flexion to 30 degrees, extension neutral and lateral bending at 5 degrees. There is a positive sitting straight leg raise bilaterally with strength in the lower extremities globally intact. The provider's treatment plan includes the injured worker undergo evaluation and treatment with a psychologist for depression and anxiety related to his low back. The providers request documents an Individual psychotherapy 1 time a week for 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy 1 time a week for 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**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 recommends 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. However, the request for 8 sessions of Psychotherapy i.e. individual psychotherapy 1 time a week for 8 weeks exceeds the guideline recommendations for an initial trial and thus is not medically necessary.