

<b>Case Number:</b>	CM15-0095084		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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

Certification(s)/Specialty: Psychologist

### 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 33 year old male, who sustained an industrial injury on 4/6/11. Initial complaints were not reviewed. The injured worker was diagnosed as having low back pain; lumbar degenerative disc disease; lumbar radiculitis; numbness; muscle pain; chronic pain syndrome; depression NOS; abdominal pain generalized; irritable bowel syndrome. Treatment to date has included status post anterior lumbar discectomy with decompression L5-S1, interbody fusion/posterior instrumentation with pedicle screws/rods surgery (11/10/2014); physical therapy; medications. Currently, the PR-2 notes dated 11/20/14 indicated the injured worker presents with chronic low back pain and bilateral lower extremity pain. He reports he has surgery on 11/10/14 (status post anterior lumbar discectomy with decompression L5-S1, interbody fusion/posterior instrumentation with pedicle screws/rods surgery) and was discharged three days later. He reports that he is still having pain, but significantly better. He has been prescribed Percocet which he is taking. He also takes Gralise, Meloxicam and Cymbalta. The injured worker states his back pain is constant with pressure in the lumbosacral area; rates his pain as 8/0 with medication and 4-8/10 without. His pain is worse with sitting, standing, walking, bending, lifting, going to the bathroom, and laying down. His pain is better with physical therapy, chiropractic care and medications. He denies any new symptoms or neurological changes. On physical examination was deferred secondary to post-surgical restrictions, but the surgical scar is healing without any signs or symptoms of infection. The injured worker is 10 days status post-surgery and it is expected to have pain but explained as different type of pain from previous. He has a follow-up with the surgeon and to continue with his recommendations. He is to continue his medications regime. The later date PR-2 notes used in Utilization Review were not submitted at this time and the provider has requested a Psych evaluation and cognitive behavioral therapy x 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych evaluation and cognitive behavioral therapy x 6 sessions:** Overturned

**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 Part Two: Behavioral Interventions, Psychological Evaluation and treatment, pages 100 -103.

**Decision rationale:** Psych Eval: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Decision: A request was made for psych evaluation and cognitive behavioral therapy 6 sessions for chronic pain management; the request was non-certified by utilization review which provided the following rationale for its decision: "there is no documentation or indication of significant anxiety, depression, or psychological/psychiatric issues that would require consultation at present. Conservative therapeutic measures including medications and physical therapy in the past have helped and currently acupuncture therapy for relief of the acute chronic myofascial strain of the lumbar back has been approved. In the absence of any documented appropriate indication for psychological evaluation psychological evaluation cognitive behavioral therapy sessions as requested are not medically necessary." This IMR will address a request to overturn the utilization review decision. According to a primary treatment progress note from the patient's primary physician February 23, 2015 the patient is described as: "a pleasant 32-year-old gentleman who presents 3 months status post his L5-S1 ALIF. He continues to slowly get better but still having intermittent radiating leg pain which seems associated with activities. It is completed 12 sessions of physical therapy. Complains of dizziness, depression secondary to pain, joint pain and chest pain." According to a primary treating physician progress note from January 13, 2015, "the patient presents with chronic low back and bilateral lower extremity pain (he is taking) continued Cymbalta for depression and anxiety. He is requesting a refill of his Cymbalta at this time. He feels that the Cymbalta 60 mg is helping and he is having less depression and increased mood. He denies any thoughts of homicide or suicide." The medical records provided do contain sufficient indications of psychological symptoms that suggest a psychological evaluation would be medically appropriate

for this patient at this time. The utilization review correctly noted that there is not a clear rationale stated for the request however there are several mentions in the medical records of depression and anxiety as well as the use of psychotropic medication to treat this. The patient has had surgical intervention and is experiencing delayed recovery but receiving good benefit from physical therapy and is going to start a course of acupuncture . Psychological treatment at this juncture appears reasonable and appropriate. Typically the psychological evaluation would precede the authorization of 6 sessions of therapy. Because these 2 issues were requested at the same time they are combined into one request and at the IMR level, which does not allow for modifications, they have to be treated as all or nothing. An argument can be made for not authorizing this request because of this reason. However, after carefully reviewing the medical records the request seems appropriate and reasonable given factors of delayed recovery and several indications that the patient is active in his treatment and compliant with home exercise program and is motivated as well as the already mentioned indications of psychological sequelae as a result of his industrial related injury and resulting physical limitations. It is noted in the MTUS guidelines for psychological evaluations that not all patients require to have a psychological evaluation is also noted that patients can start psychological treatment which implies that patients can start psychological treatment without the completed psychological evaluation. Psychological evaluations are important assessment tools and helpful in informing psychological treatment but also can take quite some time to complete and it's not medically inappropriate to start the cognitive behavioral therapy prior to the completion of the evaluation in some cases. For these reasons the medical necessity and reasonableness of the request has been established sufficiently, although not overwhelmingly so, to warrant overturning the utilization review determination for non-certification and to approve the request. The above request is medically necessary.