

<b>Case Number:</b>	CM13-0023789		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year-old, female with a 12/2/2002 injury date. She has been diagnosed with Major Depression on the 1/9/13 psychiatric Qualified Medical Evaluation. The Independent Medical Review application shows a dispute with the 8/29/13 Utilization Review decision. The 8/29/13 UR decision is by [REDACTED] and is based on the 8/23/13 RFA from [REDACTED] and denies the pain management consult and modifies psychotherapy from 12 sessions to 4 sessions. There are 1,060 pages of records available for IMR, but no reports from 2013 from [REDACTED]. The 8/23/13 RFA was not included in the records, and there are no medical reports within 4 months of the 8/23/13 RFA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The 1,060 pages of records available for this IMR did not include any current medical reports from 2013 and did not include the request from [REDACTED]. As such, there is no discussion or rationale available for a pain management consult and no current description of the patient's presentation. There is not enough information provided to confirm whether a pain management consultation is appropriate or in accordance with any evidence-based guidelines.

**Psychotherapy 4 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG) Official Disability Guideline, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** The most current medical evaluation provided for this review is the 1/9/13 psychiatric QME reevaluation by [REDACTED] felt the patient was not (PS) Permanent and Stationary (PS), and he provided a supplemental report dated 4/5/13, which recommended psychotherapy. (MTUS) Chronic Pain Medical Treatment Guidelines, page 23, recommends a trial of 3-4 psychotherapy sessions. The request appears to be in accordance with MTUS guidelines.