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| <b>Case Number:</b>   | CM13-0028442 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 03/28/2008 |
| <b>Decision Date:</b> | 01/28/2014   | <b>UR Denial Date:</b>       | 08/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2013 |

### 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 expert reviewer is licensed in Psychology 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 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/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 claimant is a 41 year-old female [REDACTED] with a date of injury of 3/28/08. She sustained a work-related injury while employed by [REDACTED] as a custody assistant. In his 8/20/13 supplemental report on pain management progress (PR-2), [REDACTED] diagnosed the claimant with the following: (1) radiculopathy, cervical; (2) unspecified neuralgia neuritis and radiculitis; (3) spasm, muscle; (4) sprain & strain unspecified shoulder and upper arm; (5) degenerative disc disease, cervical; (6) fibromyalgia/myositis. He further indicates that the claimant has "undergone a course of physical medicine approach to the chronic pain" and suggests a "course of biobehavioral intervention for the treatment of chronic pain."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Healthcare common procedure coding system (HCPCS) code 90791 for psychiatric diagnostic re-evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 100-101.

**Decision rationale:** Based on the review of the medical records, there is insufficient information to determine the need for a psychological re-evaluation. There is no information submitted regarding the initial evaluation nor are there any treatment notes provided for review. In his 8/20/13 supplemental report on pain management progress (PR-2), [REDACTED] recommended a "course of biobehavioral intervention". He additionally wrote, "Once the psychological evaluation is made then the patient needs to have biobehavioral intervention sessions, as determined in the initial evaluation...Patient requires a course of 6 sessions of biobehavioral pain treatment followed by reevaluation." Since there are no treatment notes to review regarding the psychological services that have been completed to date, the need for a re-evaluation cannot be determined. As a result, the request for "healthcare common procedure coding system (HCPCS) code 90791 for psychiatric diagnostic re-evaluation" is not medically necessary.

**Healthcare common procedure coding system (HCPCS) 90901 for bio-behavioral therapy times 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 23.

**Decision rationale:** The records provided for review are insufficient and do not provide enough information about the psychological services that have been completed to date. Additionally, the request for 18 "bio behavioral therapy" sessions exceeds the total number of sessions recommended by the CA MTUS. Based on insufficient information and a request for excessive sessions, the request for "healthcare common procedure coding system (HCPCS) 90901 for bio-behavioral therapy times 18" is not medically necessary.