

<b>Case Number:</b>	CM13-0031004		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 injured worker is a 49-year-old female with a date of injury of November 27, 2001. The patient has cervical degenerative disc disease, cervical radiculopathy, myofascial pain syndrome, carpal tunnel syndrome, lumbar post fusion syndrome, chronic pain syndrome, sleep disorder, and mood disorder. The patient has tried conservative therapy including physical therapy, TENS unit, and medication management including opiates. The disputed request at the present time includes a request for six pain psychology sessions and six physical therapy sessions for the cervical spine and right upper extremity. A utilization review determination denied both of these requests. The rationale for the denial of the pain psychology was that the injured worker had attended the previous sessions of pain psychology and the outcome of those three sessions were not available for review, and therefore further sessions could not be justified. In regard to the physical therapy, there was no clarity as to "how the additional physical therapy will be of any more added functional benefit as compared to the employee's daily home exercise regimen."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Psychology sessions:** Overturned

**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 Pain Psychology Page(s): 102.

**Decision rationale:** The Chronic Pain Medical Treatment Medical Guidelines indicate that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. In the case of this injured worker, there is documentation of chronic pain syndrome, depression, anxiety, and sleep disorder. An updated report on May 9, 2013 by a clinical psychologist documents the need for additional psychologic follow-up. The employee has been relatively isolated and remains "extremely despondent." The employee has a history of suicidal ideation. The employee has been undergoing cognitive behavioral therapy and biofeedback. The psychologist noted that "significant progress" has been made and the employee is appreciative of the sessions of pain psychology. Given this documentation and the guidelines, the request for additional pain psychology sessions x 6 is recommended for certification.

**Six (6) Physical Therapy sessions for the cervical spine and right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** A progress note on date of service July 18, 2013 documents that this employee has been making an effort to exercise despite increasing levels of pain. Another progress note on date of service August 12, 2013 documents that the employee had been making "excellent progress with recent physical therapy sessions in terms of improving posture and gait mechanics as well as for strengthening and increasing function to the upper extremities and neck." It is noted that the total number of sessions of physical therapy is not documented, and a summary note by physical therapy does not appear to be available in the submitted documentation. Without clarity on these issues, this request is recommended for noncertification.