

<b>Case Number:</b>	CM14-0131743		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and 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 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 injured worker is a 53 year old male who reported an injury on 08/19/2012. The mechanism of injury was blunt trauma. He is diagnosed with PTSD. The past treatments included were medications, surgery to the cervical spine and physical therapy. The diagnostic testing was not indicated in the clinical notes. The surgical history included a C6-7 anterior cervical discectomy and fusion performed on 02/04/2013. His medications indicated in the clinical notes were Tramadol, Fioricet, Soma, Norco, Valium, Zoloft, Promethazine, and Roxicodone. On 02/05/2014, the injured worker underwent a psychological evaluation and reported ongoing physical pain and severe emotional distress. His indicated poor daily functioning with an inability to manage his daily life. No objective test results were noted. A recommendation was made for cognitive therapy with a goal of returning him to a baseline of normal functioning. A handwritten note, dated 07/15/2014, indicated that the injured worker had made limited progress toward his treatment goals due to an unspecified disruption in treatment and lack of continuity between visits. It was noted that he continued to have severe physical pain and a lack of effective pain management techniques. It was noted that the injured worker required ongoing treatment in a continuous manner to address his psychological components to his chronic pain. The Request for Authorization form was signed and submitted on 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management 1 x 6-8 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Health and Illness.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for PTSD.

**Decision rationale:** The request for pain management 1 week for 6-8 months is not medically necessary. The Official Disability Guidelines state that there is evidence that individual trauma-focused cognitive behavioral therapy/exposure therapy, stress management and group therapy are very effective in the treatment of post-traumatic stress disorder. Most importantly, cognitive behavioral therapy tends to have no to few side effects, unlike medications and could be employed efficiently for treatment of pain. The guidelines recommend up to 13-20 visits over 7-20 weeks of individual therapy if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The injured worker had an psychological evaluation for his PTSD and was noted to have loss of functionality, ineffective pain management, and ineffective coping techniques and was recommended for treatment. However, a handwritten note indicated that he had made limited progress due to a disruption in treatment. However, details regarding the noted disruption were not provided. Therefore, it is unclear whether the injured worker has been compliant with the treatment. Additionally, the number of visits previously completed were not provided and there was an absence of documentation showing evidence of any symptom improvement, improved coping skills, or improvement in overall functioning to warrant continued treatment. Moreover, the evaluation did not include objective test results to establish the severity of the injured worker's condition. In summary, in the absence of details regarding his past treatment, including the number of visits completed and progress made, and documentation showing the level of severity of his PTSD, the need for additional sessions cannot be established. In addition, clarification is needed regarding the request for pain management "1 x 6-8 months" including the frequency of the recommended treatment and/or the number of visits and as 6-8 months of treatment is excessive and would fail to allow for periodic reassessment to establish to need for ongoing treatment based on functional progress. Therefore, the requested service is not medically necessary.