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| <b>Case Number:</b>   | CM14-0135032 |                              |            |
| <b>Date Assigned:</b> | 08/29/2014   | <b>Date of Injury:</b>       | 04/16/2010 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2014 |

### 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 Occupational 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 patient is a 33-year-old female who has submitted a claim for RSD upper limb, chronic pain syndrome, depressive disorder, and sleep disturbance associated with an industrial injury date of 4/16/2010. The medical records from 2/18/2014 to 8/22/2014 were reviewed showing frustration and describe her pain as ever worsening. . Pain shoots up her right arm to her right shoulder characterized as burning, stabbing, and tingling. At times she has broken out with a rash under arm. She notices spasms in the LUE as well as swelling, discoloration, and stiffening. She is currently seeing [REDACTED] for her CRPS which she is certain is spreading to other parts of her body. The primary physician noted in PR dated 8/22/2014 that after reviewing [REDACTED] report, there is reason to believe that care was suboptimal and another attempt at pain management is in order. The program and the patient "were not a good match." On psychology PR dated 5/14/14, it was stated that the patient was re-examined and is currently undergoing psychotherapy with [REDACTED] twice a week. She is tearful, coherent, and a bit prone to wandering thoughts. She appears to have hyperesthesia over the bilateral cervicothoracic and periscapular musculature and right upper extremity. She is tremulous and guards the right hand heavily. She would not let it touch anything. Treatment to date has included Clonazepam, Cymbalta, topiramate, Tizanidine, Nabumetone, Norco, Zolpidem, fentanyl patch, and psychotherapy. Utilization review from 8/13/2014 denied the request for Individual psychotherapy 6 sessions over 6-12 weeks, CBT and other modalities as indicated and Consult and treat, pain management for right hand. As for psychotherapy, this is a 4 year old injury with no indication of any changes. The patient has undergone previous psychological treatment and pain management with no functional improvement. As for pain consultation, the information does not establish the medical necessity of the requested treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy 6 sessions over 6-12 weeks, CBT and other modalities as indicated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient is diagnosed to have depressive disorder and sleep disturbance. She is tearful, coherent, and a bit prone to wandering thoughts. However, on psychology PR dated 5/14/14, it was stated that the patient was re-examined and is currently undergoing psychotherapy with [REDACTED] twice a week. There was no documentation of the said visits, progress reports, or continued functional improvement. Therefore the request for Individual psychotherapy 6 sessions over 6-12 weeks, CBT and other modalities as indicated is not medically necessary.

**Consult and treat, pain management for right hand:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, pages 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In this case, the patient is diagnosed with RSD and depression. Patient expresses frustration and describes her pain as ever worsening. Pain shoots up her right arm to her right shoulder characterized as burning, stabbing, and tingling. At times she has broken out with a rash under arm. She notices spasms in the LUE as well as swelling, discoloration, and stiffening. She is currently seeing [REDACTED] for her CRPS which she is certain is spreading to other parts of her body. The primary physician noted in PR dated 8/22/2014 that after reviewing [REDACTED] report, there is reason to believe that care was suboptimal and another attempt at pain management is in order. The program and the patient "were not a good match." The primary physician further stated that his "role is not sustainable and that he has no input from specialized and experienced providers appropriate to her needs and capable of adjustment of her medication." She appears to have hyperesthesia over the bilateral cervicothoracic and periscapular musculature and right upper extremity. She is tremulous and

guards the right hand heavily. She would not let it touch anything. A pain consultation for her CRPS is deemed of benefit to the patient. Therefore the request for Consult and treat, pain management for right hand is medically necessary.