

<b>Case Number:</b>	CM14-0032942		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/15/2014

### 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 Psychologist and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 05/20/2010, due to carrying a ladder then tripping injuring his neck. The injured worker had a history of neck pain that radiated to the bilateral shoulders. The injured worker has diagnoses of intermittent cervical radiculopathy, bilateral shoulder impingement syndrome, and cervical disc degeneration/stenosis. The past surgical procedures included status post left shoulder arthroscopy with acromioplasty and status post anterior cervical discectomy and fusion with cage instrument at the C3-6 dated 08/28/2013. Diagnostics included an electromyography dated 01/30/2014. The past treatments included physical therapy. The medication included Ambien 10 mg and Norco 10/325 mg with a reported 6/10 using the VAS. The physical examination dated 01/14/2014, of the cervical spine and upper extremities revealed no evidence of tenderness or spasms to the paracervical muscles or spinous process. No tenderness over the base of the neck. No tenderness over the base of the skull. Pinprick intact in bilateral upper extremities, light touch intact in bilateral upper extremities. The range of motion included flexion at 24 degrees, extension at 21 degrees. The motor exam to the upper extremities revealed 5/5 bilaterally. The treatment plan included H wave unit, additional therapy, x-ray of the cervical spine and followup in 4 to 6 weeks. The authorization form was not submitted with documentation. The rationale for the psychotherapy and the 12 sessions of group therapy was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6-8 Psychotherapy Treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation ACOEM (2008). Chronic pain. Occupational Medicine Practice Guidelines, 2nd ed.; p. 319-320 Official Disability Guidelines. (2014). Mental illness & stress.

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

**Decision rationale:** The request for 6 to 8 psychotherapy treatments is not medically necessary. The California MTUS Guidelines 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. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested. Per the 01/14/2014 clinical note the injured worker's physical therapy revealed minimal findings of pain. The clinical note did not indicate any psychological issues that the injured worker may be having, even though the injured worker rated their pain at 6, the objective findings did not correlate with that. As such, the request is not medically necessary.

## **12 Group Therapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation ACOEM (2008). Chronic pain. Occupational Medicine Practice Guidelines, 2nd ed.; p. 319-320 Official Disability Guidelines. (2014). Mental illness & stress.

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

**Decision rationale:** The request for 12 group therapy sessions is not medically necessary. The 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. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested. Per the 01/14/2014 clinical note the injured worker's physical therapy revealed minimal findings of pain. The clinical note did not indicate any psychological issues that the injured worker may be

having, even though the injured worker rated their pain at 6, the objective findings did not correlate with that. As such, the request is not medically necessary.