

<b>Case Number:</b>	CM14-0041078		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 licensed in Psychiatry 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 49 year old male with date of injury 6/13/2008. The date of the UR decision was 3/26/2014. He suffered from physical injuries resulting in chronic pain issues and later developed psychological symptoms secondary to industrial trauma. Per the report dated 3/12/2014, on objective findings he continued to have antalgic gait and also continued to use a single point cane. There were no significant changes in range of motion in right ankle per that report. Psychotropic medications being prescribed for him were Celexa 20 mg daily, Trazodone 50 mg nightly. It was indicated that he had been prescribed Prozac by a Psychiatrist but he did not take it. It was also suggested that he see a Psychologist for a while but not any longer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Psychology x 4 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** Injured worker is a 49 year old male who continued to have antalgic gait and also continued to use a single point cane. There were no significant changes in range of motion

in right ankle per that per report dated 3/12/2014. California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker would be good candidate for behavioral intervention for chronic pain. Request for Pain Psychology times 4 sessions is medically necessary.

**Consult: Consult and treatment with Psychiatrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. The injured worker has been treated for mood, anxiety and sleep issues secondary to chronic pain by the primary treating provider. However, he still continues to struggle with psychological symptoms. A request for Consult and treatment with Psychiatrist is medically necessary at this time.