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| <b>Case Number:</b>   | CM14-0044363 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 04/11/2011 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 02/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2014 |

### 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 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 54 year old male with date of injury 4/11/2011. The progress report from 03/12/2014 suggests that injured worker has low back pain, chronic pain syndrome, anxiety, poor sleep, weight gain, left wrist pain s/p wrist surgery. The injured worker also has thumb pain related to median nerve compression neuropathy, also likely has ulnar neuroapthy and low back pain is likely related to lumbar facet syndrome. A report indicates that injured worker suffers from chronic pain and has poor sleep, anxiety and weight gain which according to the primary treating physician could worsen his pain. QME report from 01/04/2013 indicates subjective complaints of cognitive issues stemming from work injury and disabled state. The issues listed are memory problems, poor concentration, attention difficulties, distractibility, getting confused easily, thinking poorly, poor comprehension, mental exhaustion and making mistakes that are easily avoidable BDI score of 12(minimum disturbance in mood), BAI score of 14 (mild anxious state). Diagnosis of Depressive NOS given to the Injured worker per that report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Counseling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines .MTUS Chronic PainMedical Treatment Guidelines, pages 23; Behavioral interventions.

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

**Decision rationale:** California MTUS states that behavioral interventions are recommended. 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 IW could benefit from pain management counseling. However, guidelines' recommend a fixed number of sessions for the initial trial and then some more sessions after evidence of functional improvement. The request is for unspecified number of pain management counseling sessions which are not medically necessary at this time.