

<b>Case Number:</b>	CM14-0046647		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old male with a 1/16/09 date of injury. At the time 3/18/14, of request for authorization for Pain/psychology sessions #6, there is documentation of subjective (neck pain, anxiety and depression) and objective (tenderness over paraspinal muscles overlying the facet joints on both sides and trigger points noted over upper trapezius muscles on both sides) findings, current diagnoses (anxiety state, disorder of bursa of shoulder region, depressive disorder, shoulder pain, and chronic pain syndrome), and treatment to date (activity modification, medications, acupuncture, and psychotherapy 6 sessions). 2/20/14 medical report identifies that the patient appears to be making slow, gradual progress with pain psychology treatment, but does remain with significant anxiety and depression due to his persistent pain symptoms and associated inability to return to work. There is no documentation of evidence of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain/psychology sessions #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary last updated 01/07/2014;.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of anxiety state, disorder of bursa of shoulder region, depressive disorder, shoulder pain, and chronic pain syndrome. In addition, there is documentation of 6 pain/psychology sessions completed to date. However, despite documentation that the patient appears to be making slow, gradual progress with pain psychology treatment, there is no documentation of evidence of objective functional improvement. In addition, given that the request is for Pain/psychology sessions #6, the proposed number of visits would exceed psychotherapy guidelines. Therefore, based on guidelines and a review of the evidence, the request for Pain/Psychology sessions #6 is not medically necessary.