

<b>Case Number:</b>	CM14-0050967		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Clinical Psychology, 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:

Based on the records provided for this independent medical review, this patient is a 52-year-old female who reported an industrial/occupational work-related injury on April 10th 2008. The injury appeared to have occurred during her usual customary work duties as a registered nurse at Alvarado hospital when she was attempting to move a patient who weighed approximately 650 pounds and a ventilator fell on her, the injury subsequently developed into RSD. Surgical intervention and physical therapy were not effectively able to treat her pain. She has severe sleep difficulties, weight loss, and short temper, sad and depressed mood, diminished self-esteem, and finds it impossible to engage in normal activities such as reading a book. There is also anxiety and panic attack once per week. There is social isolation and suicide attempts. There is a prior history of depression prior to the injury. In addition to the diagnosis of Major Depressive disorder, recurrent, severe, she is also diagnosed with Pain Disorder due to a confluence of Psychological factors and a General medical condition, moderate. She was recently and repeatedly hospitalized in January of 2014 with suicidal ideation and an intention to overdose on medications and insulin. There is also issues related to opiate detoxification. Her medical notes indicate that there were three psychiatric hospitalizations over the past year. Medically she is a diagnosis of Complex Regional Pain Syndrome of the right upper extremity. She also has persistent neck pain with radiculopathy and cervical disc degeneration. There is additional diagnosis of major reactive depression. She is s/p right carpal tunnel surgery was and has chronic wrist and hand pain. The request was made for "pain management support group, weekly" and was non-certified. This independent medical review will address is a request to overturn this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management support group weekly: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Blue Cross. (2013). Behavioral Health Medical Necessity Criteria, Psychiatric Outpatient Treatment, Medication Management; page 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Part Two Behavioral Interventions, cognitive behavioral therapy Page(s): 23-24.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter topic cognitive behavioral therapy psychotherapy guidelines page 8-9, June 2014 update.

**Decision rationale:** The difficulty with this current request under consideration for "pain management support group, weekly" is that the request is improperly written, and is done so in a manner which makes it impossible to approve. Requests for psychological treatment must have a specific number of sessions described in the request. This request is open ended meaning that ultimately an authorization or approval of it would be the same as approving unlimited treatment sessions in terms of frequency and duration. According to the ODG Official Disability Guidelines and the MTUS, psychological treatment follows a specific format where in an initial block of sessions (usually four to six sessions depending on the reference guide used) are approved initially. Subsequent sessions can then be approved with documented objective functional improvement that resulted from the initial block of treatment, to the extent that would be expected from such a short initial course. Additional sessions, thirteen to twenty, can be provided if progress is being made. In and in cases of severe depression, which it appears this patient has, up to a maximum of fifty sessions can be authorized if progress is being made (see ODG June 2014 update). The request for a pain management support group weekly is not medically necessary or appropriate.