

<b>Case Number:</b>	CM14-0051704		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 41 year old who was injured on 10/28/2011. The diagnoses are chronic pain syndrome, myofascial pain syndrome, cervicogenic headache, shoulders pain and upper back pain. On 3/11/2014, [REDACTED] noted subjective complains of headache, shoulder pain and upper back pain associated with tingling of the fingers. There are associated diagnoses of insomnia, anxiety and depression. The medications are Lidoderm patch, Voltaren and Norco for pain. The patient is also utilizing Cymbalta for anxiety and depression. The patient had failed treatment with Alprazolam, Lunesta, Venlafaxine and Pamelor. A Utilization Review determination was rendered on 3/19/2014 recommending modified certification for Pain Management Counseling with Mental Health Department once a week for 4 weeks to a one time evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management counseling once a week for 4 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guideline addressed the indications and beneficial effects of Behavioral Medicine treatments for patients with chronic pain syndrome. The combination of psychotherapy with medications treatment has been shown to provide better short-term as well as long-term outcomes than the use of medications alone. Other beneficial effects of Psychological interventions include reduction in medication utilization, improved sleep, decreased anxiety / stress and improvement in coping skills as well as functional restoration. The records indicate that the patient have failed medication management with Alprazolam, Lunesta, Venlafaxine and Pamelor. The patient have not benefited from Physical Therapy and surgeries. The criteria for Pain Management Counseling with Mental Health department were met. Therefore, the request for Pain management counseling once a week for 4 weeks is medically necessary and appropriate.