

<b>Case Number:</b>	CM14-0208561		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice, and is licensed to practice in New Jersey. 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 medical records provided for this review, this patient is a 48 year old female who reported a work-related continuous trauma injury that occurred between the dates of January 1, 1996 and September 28, 2006. The mechanism of injury was not included for consideration. She reports chronic ongoing neck and right upper extremity pain that radiates into her right shoulder and right arm and gastrointestinal issues and high blood pressure that she believes is related to the pain and discomfort as well as emotional sequelae. She also reports to a lesser extent low back pain. Her primary treating physician stated that "psychological support is requested due to the chronicity of her pain and the effects of chronic pain on other systems I believe that the patient would benefit from a behavioral pain management program." It should greatly help her better cope with her chronic pain. Subsequently, a request was made for behavioral pain management (unspecified duration/quantity), the request was non-certified; this IMR will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With regards to the request for behavioral pain management, medical necessity of the request was not established. The utilization review rationale for non-certification incorrectly stated that "there is no documentation of failure of a physical medicine program to warrant this request." This statement is not correct because there was sufficient documentation did evidence of that assertion. However, this request for psychological treatment was unspecified in terms of quantity of sessions being requested. The IMR process necessitates precise quantity of sessions being requested, and that requested number of sessions needs to be consistent with MTUS/ODG guidelines. The guidelines specify that an initial brief treatment of psychological treatment should consist of 3 to 4 sessions. Pending the outcome of that initial treatment trial with documented evidence of patient benefit, including objective functional improvement, additional sessions (13-20 per ODG for most patients) may be considered if medically necessary and appropriate. Because this request is for unspecified sessions he cannot be authorized as such and the medical necessity is not established. In addition, there was no information provided with regards to whether or not the patient has had prior psychological treatment. Given that her injury is very long-standing it would be important to know whether or not she has had prior psychological treatment, and if so whether or not there was patient benefit, the quantity and duration and time frame before considering a new course of therapy because of these reasons the medical necessity was not established and therefore the utilization review determination for not medically necessary is upheld.