

<b>Case Number:</b>	CM15-0101329		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/14/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 38 year old male, who sustained an industrial injury on 7/14/2013. He reported pain in his right thumb that radiated up his arm to his shoulder. Diagnoses have included right hand tenosynovitis, acquired trigger right thumb, right rotator cuff impingement, right shoulder sprain, possible right carpal tunnel syndrome, cervicalgia and myofascial pain syndrome. Treatment to date has included occupational therapy, cortisone injections and medication. According to the progress report dated 4/9/2015, the injured worker complained of moderate to severe right thumb pain radiating to the right side of the neck, along with numbness and tingling to the right upper limb. He rated his pain as 3/10. He reported anxiety related to his pain condition. The injured worker appeared to be calm, depressed and fatigued. Authorization was requested for pain management counseling, six visits for Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome (CRPS) upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Counseling 6 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, criteria for the general use of multidisciplinary pain management programs Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Psychological treatment.

**Decision rationale:** The patient presents on 04/09/15 with unrated right thumb pain, with associated numbness and tingling in the thumb. The patient's date of injury is 07/14/13. Patient is status post unspecified injection to the A1 pulley of the right thumb. The request is for PAIN MANAGEMENT COUNSELING, 6 VISITS FOR RSD/CRPS UPPER EXTREMITY. The RFA is dated 04/09/15. Progress note dated 04/09/15 does not include any comprehensive physical examination findings, only a review of general appearance and a discussion of case history, treatment plan. The patient is currently prescribed Gabapentin and Naproxen. Diagnostic imaging was not included. Per 04/09/15 progress note, patient is advised to return to work with modifications. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "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, Chronic chapter, under Psychological treatment, states the following: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." In this case, the treater is requesting an 6 sessions of pain management counseling to help this patient cope with pain symptoms which are largely unresolved by other measures. Progress note dated 04/09/15, includes documentation that this patient presents with depressed affect, and displays "cure seeking and pain avoidance" behaviors. The documentation included evidence that this patient has undergone 6 sessions of physical therapy, injections, and oral medications with few improvements. ODG guidelines indicate that 13-20 visits with a pain psychiatrist/counselor are appropriate for those with chronic pain syndrome and depression secondary to pain. Patient has not completed any pain management counseling to date, and such therapy could produce significant benefits. The request IS medically necessary.