

<b>Case Number:</b>	CM15-0141839		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Psychologist

### 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 was a 25 year old female, who sustained an industrial injury, October 20, 2014. The injured worker previously received the following treatments physical therapy helped with the pain, neck and shoulder MRI on June 3, 2015, Anaprox, Flexeril, Tylenol, cervical spine MRI without contrast was normal, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities showed normal EMG studies and NCS studies noted right mild compression of the ulnar nerve at or near the medial epicondyle, right shoulder MRI which was negative for rotator cuff issues, left shoulder MRI which showed tendinopathy involving the supraspinatus infraspinatus, Norco, Tramadol did not control the pain, Ibuprofen, Prilosec and Elavil. The injured worker was diagnosed with cervical spine strain, chronic thoracic strain, chronic left shoulder rotator cuff syndrome rule out tear, chronic right shoulder rotator cuff syndrome rule our tear and bilateral arm overuse syndrome. According to progress note of June 9, 2015, the injured worker's chief complaint was lower neck pain more on the left than the right. The pain in the shoulders was more on the left than the right. The pain was rated at 3 out of 10 for the least amount of pain and at present was 8 out of 10. The pain was located in the bilateral shoulders hands and neck. The pain was described as aching, burning, intense, numbness, stinging, tight, tingling and severe. The pain was aggravated by lying down and sitting. The physical exam noted cervical spine range of motion noted pain with extended side of the neck consistent with myofascial pain. There were palpable trigger points noted in the muscles of the head and neck, specifically. There were muscle spasms and tenderness of the lower paracervical region. The cervical spine was noted to be stable. There was tenderness noted

over the left acromioclavicular and superior medial scapular border. The treatment plan included 12 sessions of behavioral pain treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Biobehavioral pain treatment for 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy, Biofeedback Page(s): 23-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions), if documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for 12 sessions of biobehavioral pain treatment. The request was not approved by utilization review was provided the following rationale for its decision: "this report includes several medical diagnoses but no psych diagnoses. Follow-up every 30 to 45 days a suggested; this is a frequency of treatment which would not be typical for management of depression. Current information not sufficient to determine medical necessity request." This IMR will address a request to overturn the utilization reviews decision. Decision: A request was made for 12 sessions via behavioral the management treatment, based on the provided medical records it does not appear that the patient has received psychological treatment for chronic pain. If the patient has already begun a course

of psychological treatment, there were no psychological treatment progress notes reflecting the outcome of any sessions it may have been provided, therefore assume that she has not started treatment yet. There is no initial psychological evaluation with a clear diagnosis and treatment plan provided in the medical records received and because of this, there is no basis that to establish the medical necessity of this treatment upon. The MTUS guidelines recommend that the patient's beginning a course of psychological treatment an initial brief treatment trial should be utilized consisting of 3 to 4 sessions with additional sessions contingent upon outcome of the initial trial. The official disability guidelines also recommend an initial brief treatment trial consisting of 4 to 6 sessions maximum, this request is for 12 sessions and therefore is not conforming with industrial guidelines for the psychological treatment of chronic pain. The request for 12 sessions exceeds guidelines both the MTUS and ODG. Because the request exceeds guidelines and doesn't follow treatment protocol for an initial brief treatment trial, medical necessity is not established and therefore the utilization review decision is upheld. The request is not medically necessary. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements.