

<b>Case Number:</b>	CM15-0145610		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 67 year old female who sustained an industrial injury on 09-16-14. Initial complaints and diagnoses are not available. Treatments to date include injections of diclofenac and 9 sessions of physical therapy. Diagnostic studies include a MRI of the cervical spine. Current complaints include pain in the neck, shoulder, and left wrist, rated at 8/10 without medications, and 5/10 with medications. Current diagnoses include localized secondary osteoarthritis of hand, myofascial pain syndrome, and long term use of medications. In a progress note dated 07-14-15 the treating provider reports the plan of care as cervical trigger point injections, tramadol, 6 sessions of pain management counseling, and a urine drug screen done on the date of service. The requested treatments include 6 sessions of pain management counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management counseling 1x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

**Decision rationale:** Review indicates the request was modified for pain management evaluation. The patient continues to treat extensively for pain complaints without report of new injury or acute flare-ups. Clinical findings remained unchanged and functional benefit has not been demonstrated from the recent psychological evaluation in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic September 2014 injury. Submitted reports have not described why additional sessions are needed or identified what specific goals are to be obtained from the additional psychotherapy treatment to meet guidelines criteria to continue treatment. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy. The Pain management counseling 1x6 is not medically necessary or appropriate.