

<b>Case Number:</b>	CM14-0117888		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 a licensed Psychologist and is licensed to practice in California. 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 records that were provided for this IMR, this patient is a 41 year old female who reported a work-related injury that occurred on August 24, 2012. The mechanism of injury was not provided for this review. A partial list of her medical diagnoses include: CRPS type I, right ankle and foot pain, planter fasciitis, fracture of great toe. She complains of joint pain, ankle pain, and skin sensation disturbance (burning and numbness). This IMR will address her psychological symptoms as they pertain to the current requested treatment. There was no detailed discussion of her psychological symptomology although there was one brief mention of symptoms of anxiety and insomnia. No statement or rationale regarding the reason for the requested treatment was provided. A request was made for 6 sessions of pain psychology to be held one time a week. Utilization review allowed for 4 sessions with the remaining 2 sessions not approved; 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:

**Pain Psychology 1 x week x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy guidelines for chronic pain. Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, 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 current requested treatment for pain psychology sessions to be held one time a week for 6 weeks, this appears, as best as could be determined, to be an initial request to begin a new course of psychological treatment. According to both the MTUS/ODG guidelines an initial treatment trial needs to be conducted consisting of 3-4 sessions with subsequent sessions being offered contingent upon medical necessity has demonstrated by the patient benefiting from treatment as reflected by objective functional improvements. It is important to determine whether or not psychological treatment is benefiting the patient during the course of the treatment to ensure that she is getting the care that is needed, appropriate, and medically necessary is likely to result in improved functional capacity. The utilization review decision to modify the requested 6 sessions downward to 4 sessions was a correct decision in that it conforms to the requested initial brief treatment trial protocol mentioned above. Because the requested 6 sessions, as an initial brief treatment trial, exceeds the recommended guidelines, the medical necessity is not established for the request.