

<b>Case Number:</b>	CM14-0016012		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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. 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 is a 40 year old male, who sustained an industrial injury on 4/4/12. He reported initial injury was to the right upper extremity. The injured worker was diagnosed as having crush injury wrist; sprain elbow/forearm; chronic pain syndrome right upper extremity/neck, right shoulder, wrist and forearm; psychological disorder; psychalgia; anxiety state. Treatment to date has included physical therapy; Functional Restoration Program (2013); medications. Currently, the injured worker complains of PR-2 notes dated 7/11/13 indicate the injured worker complains of right upper extremity and hand pain. He also complains of left hand and left upper extremity. The right hand pain is described as throbbing and sharp with tingling and numbness on the radial side of his right wrist and the pain moves up his right arm into his shoulder and compromises movement of the shoulder. He has had eight session of physical therapy and pain is still present and function has minimally improved. He has had injections into the right shoulder which relieved the pain for two days only. He is doing home exercise, but complains his sleep is poor due to pain. He is taking the medication as prescribed but still has pain on a continuous basis. The medical documentation submitted is limited. The provider requested additional pain psychology sessions, 1 time per week for 4 weeks (4 sessions) and this was denied at Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional pain psychology sessions, 1 time per week for 4 weeks (4 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

**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 Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation 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 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: a request was made for additional pain psychology sessions one time per week for 4 weeks (4 sessions). The request was non-certified by utilization review with the following rationale provided: "The patient has been participating in a functional restoration program, which appears to have been extended for an additional 10 days of participation between the dates of 12/13/13 through 2/13/14. Psychological treatment is part of a functional restoration program, and therefore it is unlikely why additional psychological sessions are being requested at this point. Additionally, there is no indication the patient has made significant gains from a psychological perspective with current psychological treatment in the program." Continued psychological treatment is contingent upon the establishment of medical necessity. This can be fulfilled by documentation of all of the following: patient psychological symptomology at a clinically significant level, the total quantity of prior treatment sessions received by the patient added to the total quantity of treatment sessions requested being consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvement. The medical records that were received for this IMR consisted of approximately 30 pages. No psychological treatment progress notes or treatment summaries were provided. There was insufficient documentation of the patient's psychological symptoms and history of prior treatment in terms of

quantity and outcome to establish medical necessity. Because medical necessity was not established, the utilization review determination for non-certification is upheld.