

<b>Case Number:</b>	CM15-0078671		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Pain Management

### 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 58 year old male, who sustained an industrial injury on 10/30/2012. He reported that his right foot was smashed between a pole and the wheel of a forklift. Diagnoses have included unspecified myalgia and myositis, neuralgia, neuritis and radiculitis not otherwise specified, crush injury to the right foot and major depressive disorder, single episode, mild. Treatment to date has included right foot surgery, pain management counseling and medication. According to the progress report dated 4/3/2015, the injured worker complained of pain rated 3-4/10. He reported that he had been discharged from the wound care clinic. He had completed six sessions with a psychologist which he found helpful. Physical exam revealed healing eschar on the dorsum of his right foot. He was sensitive to touch in this area. Authorization was requested for nine 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:

**Nine (9) sessions of pain management counseling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127.

**Decision rationale:** Regarding the request for pain management counseling, Chronic Pain Medical Treatment Guidelines cite that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks are supported. Within the documentation available for review, it appears the patient has undergone previous psychological visits that were noted to be helpful, but there is no documentation of objective functional improvement as a result of the previous sessions. In the absence of such documentation, the currently requested pain management counseling is not medically necessary.