

<b>Case Number:</b>	CM15-0078699		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/31/2015
<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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 34-year-old male, who sustained an industrial injury on June 30, 2012. He has reported back pain and leg pain. Diagnoses have included lumbago, chronic pain syndrome, myofascial pain syndrome, and lumbar radiculitis. Treatment to date has included medications, exercise, and imaging studies. A progress note dated March 19, 2015 indicates a chief complaint of right lower extremity numbness, bilateral leg weakness, and poor sleep quality. The treating physician documented a plan of care that included 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 (1 x 6 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for pain consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks can be done. Within the documentation available for review, there are no subjective complaints of psychological issues, and no mental status exam. While the goals of therapy the requesting physician already outlined, it is unclear why the physician feels the prior utilization reviewer allowing 4 sessions to document objective improvement, which is supported by guidelines before requesting additional sessions, is insufficient. In the absence of clarity regarding those issues, the currently requested pain counseling is not medically necessary.