

<b>Case Number:</b>	CM13-0019931		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 61 year old male, who sustained an industrial injury on 7/11/2011. The diagnoses have included right shoulder rotator cuff tear, right shoulder impingement, status post right shoulder arthroscopic rotator cuff repair and pseudoseizures. Medical history included renal insufficiency and hypertension. Treatment to date has included physical therapy and medication. According to the request for consultations dated 5/28/2013, the injured worker reported an overall improvement in his bilateral shoulder pain with the Butrans patch. He was supplementing with Norco. He complained of increasing left shoulder pain. The injured worker reported an increased frequency of pseudoseizures. He state that he had pseudoseizures every night. He also complained of persistent dizziness and poor balance. An organic cause for the pseudoseizures had been ruled out. Authorization was requested for six sessions of treatment by a specialist in pseudoseizures. On 8/6/2013, Utilization Review (UR) non-certified a request for Pain Psychology times six. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Psych:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker would be a good candidate for behavioral treatment of chronic pain. However, the request for 6 sessions exceeds the guideline recommendations for an initial trial. Thus, the request for pain psych X 6 is excessive and not medically necessary.