

Case Number:	CM13-0028223		
Date Assigned:	11/22/2013	Date of Injury:	03/24/2011
Decision Date:	08/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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:

Patient is a 46 year-old female with date of injury 03/24/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/16/2013, lists subjective complaints as low back pain which radiates down both legs. Objective findings: Examination of the lumbar spine revealed restricted range of motion due to pain. Tenderness to palpation was noted along the paravertebral muscles, bilaterally. Straight leg test and Faber test were negative. Deep tendon reflexes were normal and equal on both sides. Light touch sensation was decreased over lateral thigh on the right side. Diagnosis: 1. Low back pain. Patient underwent a psychological evaluation on 04/12/2013 which diagnosed her with significant psychological symptoms. Patient has already been authorized for 12 sessions of physical therapy and 8 session with a chiropractor. Patient has used a TENS unit in physical therapy and found that it helped reduce her pain. The patient has attended 6 sessions of behavioral intervention to improve her pain management and coping skills. On the final session, the patient was administered a self rated outcome scale as an indicator for her functional improvement. She rated herself high in each area and had sustained quite a bit of improvement over the course of the 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) PAIN EDUCATION AND COPING SKILLS GROUP SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 23.

Decision rationale: The MTUS states that with evidence of objective functional improvement, a total of 6-10 visits of therapy is appropriate over the course of 5-6 weeks. Following 6 visits of pain education and coping skills, the patient rated very high on a self rated outcome scale indicating that she had had good functional improvement and is motivated to continue to improve. Four (4) Pain Education and Coping Skills Group Sessions is medically necessary.