MAXIMUS Federal Services

Case Number:	CM13-0036544		
Date Assigned:	12/13/2013	Date of Injury:	08/02/2011
Decision Date:	02/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Psychologist and is licensed to practice in Texas. 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 if 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:

The patient is a 57-year-old male who reported a work related injury on 08/02/2011, specific mechanism of injury was the result of a fall. The patient presents for treatment of the following diagnoses, cervical radiculopathy, shoulder pain, pain in the lower leg, and post concussion syndrome. The patient currently presents for treatment of the following diagnoses: (1) cervical radiculopathy with objective findings on physical examination; (2) left shoulder impingement syndrome and rotator cuff tear per MRI scan with limitation in range of motion; (3) post concussion syndrome with persistent short-term memory changes; and (4) history of left fibula fracture treated conservatively. The clinical note dated 11/25/2013 reports the patient was seen under the care of the pain physician [redacted]. The provider documents the patient presents for continued neck pain, left shoulder pain, and left ankle pain. The patient's pain level had increased since last visit and does not report any change in location of pain. The provider documents the patient utilizes a Lidoderm patch and naproxen. The provider documented the patient is attending pain coping skills classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain education and coping skills group: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 31-32.

Decision rationale: The current request is not supported. The clinical notes evidence the patient has been attending pain coping skill classes for his chronic pain complaints as the result of a work related fall with injury sustained on 08/02/2011. The clinical documentation submitted for review reports the patient has been attending a pain education and coping skills group; however, duration, frequency, and specific efficacy of treatment was not evidenced in the clinical notes reviewed. The clinical note dated 10/15/2013 reported the patient would continue to participate in the group through the full 10 weekly. It is unclear if the requested participation in this program is part of a multidisciplinary program such as a chronic pain management program. Either way, the clinical notes lack evidence of the patient's duration, frequency, and efficacy of progression with utilization of the pain education and coping skills group. Given a lack of reassessment of the patient's progress, the request for pain education and coping skills group is not medically necessary or appropriate. [redacted]