

<b>Case Number:</b>	CM13-0060849		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/15/2004
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Internal 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:

The claimant is a 51-year-old female with a date of injury on 9/15/2004 where she was hit in the shoulder by an automatic door causing her to fall to the ground and had immediate pain in neck, mid back, and low back. The pain has persisted since then and she has had numerous treatments for the symptoms documented in the notes including physical therapy, transcutaneous electric nerve stimulation (TENS), ibuprofen, psychotropic medications, and an epidural injection. She carries comorbid diagnoses of depression and anxiety. She has entered a functional restoration program but is continuing to have worsening pain and the primary treating provider is asking for 10 sessions for coping skills related to pain, with a pain psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **10 SESSIONS OF PAIN COPING SKILLS GROUP: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The patient has had pain since her injury and has undergone multiple different modalities to help her pain. Per the notes, her comorbid conditions of depression and

anxiety, which are reported not well controlled, make treating her pain much more difficult. As such, pain coping skills with a qualified psychologist has been ordered by her treating physician. MTUS guidelines state that this type of behavioral approach is recommended in the setting of 3-4 visits over two weeks. If objective improvement is seen, then 10 sessions over 5-6 weeks can be very helpful. As the request is written currently for 10 visits, it does not meet criteria per MTUS guidelines and is not medically necessary.