

<b>Case Number:</b>	CM14-0112704		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Psychology 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 35 year-old male (██████████) with a date of injury of 12/13/11. The claimant sustained injury to his right upper extremities including his elbow, wrist, and hand when as he was climbing down from a dishwashing counter and he accidentally cut his forearm with a knife from his pocket. The claimant sustained this injury while working as a window cleaner for ██████████. In the "Visit Note" dated 6/13/14, Dr. ██████████ diagnosed the claimant with: (1) Hand pain; (2) Ulnar neuropathy; and (3) Spasm of muscle. The claimant has been treated for this orthopedic injury with physical therapy and medications. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her "Psychological Evaluation and Request for Treatment Authorization" dated 6/26/14, Dr. ██████████ diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and an orthopedic condition; (2) Depressive disorder, NOS with anxious features in the severe range; and (3) Polysubstance dependence with physiological dependence, early full remission. The claimant has yet to be treated for his psychiatric symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Education Cognitive Behavioral Treatment QTY: 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The ACOEM guideline regarding education and the CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as references in this case. Based on the review of the medical records, the claimant completed a psychological evaluation with Dr. [REDACTED] on 6/26/14. In that report, Dr. [REDACTED] recommended that the claimant participate in their 10 week pain education and coping skills group, which is an appropriate recommendation. However, the guideline indicates that there be an "initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks" may be necessary. Given this guideline, the request for an initial 10 sessions exceeds the recommended number of initial sessions. As a result, the request for "Pain Education Cognitive Behavioral Treatment QTY: 10" is not medically necessary and appropriate.