

Case Number:	CM14-0150088		
Date Assigned:	09/18/2014	Date of Injury:	07/04/2013
Decision Date:	11/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old female who sustained an injury on July 4, 2013. She is diagnosed with (a) chronic pain syndrome, (b) myofascial pain syndrome, (c) right cervicobrachial syndrome, (d) cervical spine sprain/strain, (e) low back pain, (f) sprain of knee and leg, and (g) sacroiliac sprain/strain. She was seen for an evaluation on August 25, 2014. She presented with complaints of pain in the knees, low back, neck, and right shoulder. She also reported spasms in the mid back and neck and hand swelling. She reported feeling more depressed and not sleeping. Examination of the cervical spine revealed tenderness over the right scalenes. Examination of the lumbar spine revealed full but guarded and painful range of motion. There was tenderness over the sacroiliac joint on the left side. Faber's test was positive. Examination of the right shoulder revealed tenderness over the biceps groove and trapezius. There were trigger points in the trapezius ridge. Examination of the right wrist revealed swelling. There was tenderness over the dorsal wrist. Examination of the bilateral hips revealed tenderness over the trochanter. Examination of the right knee revealed tenderness over the patella. There was 1+ effusion in the right knee joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Counseling 1 x 6: 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 request for six sessions of pain management counseling is not medically necessary at this time. Review of medical records did not reveal that the injured worker is considered at risk for delayed recovery. While it has been mentioned that much of the pain response of the injured worker was psychological in origin, this has not been adequately established to warrant the need for pain management counseling.