

Case Number:	CM14-0155468		
Date Assigned:	09/25/2014	Date of Injury:	08/02/2011
Decision Date:	11/19/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury on the August 2 2011. Subsequently, he developed with chronic neck shoulder and knee pain. According to a progress report dated on August 15, 2014, the patient was complaining of neck pain, bilateral shoulder pain and right knee pain. His pain was worsening compared to previous visits. His physical examination demonstrated the antalgic gait to, positive Spurling's maneuver with pain in the muscles of the neck without radicular symptoms, positive the cervical facet loading, tenderness in the cervical paraspinal muscles and trapezius, reduced range of motion of the right hip, reduced range of motion of the left knee. The patient was diagnosed with the hip pain, hip bursitis, shoulder pain, knee pain. The provider request authorization for pain coping skills group once a week for 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain coping skills group once a week for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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

Decision rationale: According to MTUS guidelines, < behavioral interventions recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence>. According to the patient file, and although the patient may benefit from coping skills sessions, the duration of the coping skills group should be determined by the response of the patient to the therapy which should be periodically evaluated. Therefore, the request for pain coping skills group once a week for 10 weeks is not medically necessary.