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| Case Number: | CM14-0159575 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 08/29/2011 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 36-year-old male (██████████) with a date of injury of 8/29/11. The claimant sustained cumulative injuries to his right upper extremity as a result of his normal and customary duties while working as an ██████████ for ██████████ ██████████. In his "Initial Consult" report dated 6/17/14, ██████████ diagnosed the claimant with: (1) Elbow pain; and (2) Extremity Pain. Additionally, in their "Psychological Evaluation & Request for Treatment Authorization" dated 8/21/14, ██████████ and ██████████ diagnosed the claimant with: (1) Adjustment disorder with depressed and anxious mood, moderate severity; and (2) Psychological factors affecting an orthopedic condition. The claimant has been treated with physical therapy, H-Wave, acupuncture, injections, and medications.

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 times 10 sessions of group therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in August 2011. The claimant completed a psychological evaluation with [REDACTED] and [REDACTED] in August 2014. At that time, it was recommended that the claimant follow-up with psychological services including a 10 week CBT pain management and coping skills group. The request under review reflects this recommendation. Despite the recommendation, the CA MTUS suggests that there be an "initial trial of 3-4 psychotherapy 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 "Pain education Cognitive behavioral treatment times 10 sessions of group therapy" exceeds the number initial sessions and is therefore, not medically necessary. It is noted that the claimant received a modified authorization of 4 CBT sessions in response to this request.