

<b>Case Number:</b>	CM14-0036796		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 female with a date of injury of 5/9/11. The claimant sustained injuries to her right hand, wrist, elbow, shoulder, and neck as the result of repetitive motions while working as a hospital operations coordinator for [REDACTED]. In his PR-2 report dated 2/26/14, the doctor diagnosed the claimant with cervical radiculopathy, shoulder pain, elbow pain, hand pain, and carpal tunnel syndrome. Additionally, in his psychological evaluation & request for treatment authorization dated 11/20/13, [REDACTED] diagnosed the claimant with bipolar type 2, generalized anxiety disorder, and pain disorder associated with both psychological factors and an orthopedic condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain education and coping skills group, four (4) sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. 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:** Based on the review of the medical records, the claimant has been participating in a behavioral pain management group and the request under review is for additional sessions to complete the 10 week program. In the visit note from [REDACTED] and [REDACTED], the claimant is described as an active participant who completes her homework assignments and is receptive to learning new skills. Based on the documentation submitted, the request is medically necessary.