

Case Number:	CM14-0043313		
Date Assigned:	07/02/2014	Date of Injury:	08/29/2012
Decision Date:	09/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational Medicine 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:

This is a 52 year old female with an 8/29/2012 date of injury. She fell from a ladder onto her back landing on a conveyor belt, injuring her back, right arm, and right ankle. A psychological consultation dated 3/24/14 revealed depressive disorder with anxious features in the high moderate range. She has limited training in behavioral pain-coping skills and manifest a fear avoidance pattern of inactivity. These factors are complicating and delaying recovery and can be reasonably addressed in a multidisciplinary group treatment setting. Diagnostic Impression: cervical pain, carpal tunnel syndrome, depressive disorder Treatment to Date: physical therapy, injections, ankle surgery, medication management A UR decision dated 4/3/14 modified the request for 10 sessions of Spanish pain education and coping skills group and certified six sessions. The psychological evaluation reviewed indicated that six sessions, per guidelines recommendation are acceptable and these are necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF SPANISH PAIN EDUCATION AND COPING SKILLS GROUP:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PSYCHOLOGICAL TREATMENT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter.

Decision rationale: CA MTUS Stress Related Conditions Guidelines state that it is fundamental to cognitive therapy that the individual plays an important role in how he or she perceives or modifies his or her situation. Cognitive therapy can be problem-focused, with strategies intended to help alter the perception of stress; or emotion-focused, with strategies intended to alter the individual's response to stress. In addition, ODG states that with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks is supported. The patient does have documented evidence of chronic pain associated with depression and anxiety, with limited training in coping skills. However, ODG psychotherapy recommends an initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, then further visits may potentially be approved. Therefore, the request for 10 sessions of Spanish pain education and coping skills groups was not medically necessary.