

<b>Case Number:</b>	CM14-0074871		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/12/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Nevada. 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 records, presented for review, indicate that this 50-year-old gentleman was reportedly injured on July 12, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of low back pain. Pain was stated to be 6/10 to 7/10 without medications and 2/10 to 3/10 with medications. Testing indicated that Epworth sleepiness scale score of two and a diagnosis of depressive disorder. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the use of a spinal cord stimulator. A request had been made for 10 sessions of a Spanish pain education and coping skills group, Cymbalta, and physical therapy and was not certified in the pre-authorization process on May 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 10 sessions of Spanish pain education and coping skills group:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic Pain Management (Updated July 10, 2014).

**Decision rationale:** According to the Official Disability Guidelines, up to 10 visits of a trial is indicated for coping with chronic pain. A review of the attached medical record indicates that the injured employee has already completed 10 psychotherapy sessions for pain management with a good result. Considering this, additional 10 sessions of a Spanish pain education and coping skills group is not medically necessary.

**Prospective request for 1 prescription of Cymbalta 30mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

**Decision rationale:** The review of the attached medical record indicates that a psychological evaluation has diagnosed the injured employee with a depressive disorder. Considering this, the request for Cymbalta is medically necessary.

**Prospective request for unknown physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, one to two visits of physical therapy for education, counseling, and evaluation of a home exercise program is all that is indicated for low back pain. Considering this request is for an unknown amount of physical therapy, it is not medically necessary at this time.