

<b>Case Number:</b>	CM14-0090104		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 7/02/11. Based on the 5/28/14 psychiatric report by [REDACTED] this patient complains of "low back pain with intermittent spasm that goes down her legs and numbness in her feet." She rates this pain "currently as 8/10 and it is usually at 5-8/10, on a scale of 0-10, 10 being the worst." She also complains of "pain in her right forearm and hand, which is constant, and usually at 5-7/10 " and "her neck bothers her but this is not her primary pain." Results of this patient's psychological tests fell in the normal-to-mild range, except for the Fear-Avoidance Beliefs Questionnaire, whereby she scored in the "very severe range for beliefs related to work and moderate-to-severe range related to physical activity." Psychiatric diagnoses are as follows: - Axis I: Chronic Pain Disorder associated with both Psychological Factors and an Orthopedic Condition.- Axis II: No diagnosis.- Axis III: Low back pain, lumbar spine degenerative disc disease, possible lumbar facet syndrome versus radiculopathy cervical spine degenerative disc disease, possible cervical facet syndrome versus radiculopathy, right shoulder pain, right arm pain, right wrist and right hand pain, status post right rotator cuff repair in March 2013, (per [REDACTED] report). Work status as of 5/28/14: "Total Temporary Disability." The utilization review being challenged is dated 6/13/14, which modified and authorized 4 sessions due, in light of a 5/28/14 psychology consultation and a 6/05/14 report by [REDACTED] that recommended this patient be referred to behavioral health. The request is for ten (10) Sessions of Pain Education and Coping Skills Group. The requesting provider is [REDACTED] and he has provided various reports from 1/13/14 to 7/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) Sessions of Pain Education and Coping Skills Group: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain (online)

**Decision rationale:** This patient presents with low back pain with intermittent spasms, constant pain in her right forearm and hand, and a bothersome neck. The request is for ten (10) Sessions of Pain Education and Coping Skills Group. MTUS recommends behavioral interventions as 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." ODG guidelines recommend that patients should be screened for risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT (cognitive behavioral therapy) referral after 4 weeks, a trial of 3-4 psychotherapy visits over 2 weeks are recommended if there is a lack of progress from physical medicine alone. Then, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). This patient has tried to manage her pain with: home physical therapy exercises with regular use of her stationary bike at home, going on walks, aqua therapy up until last month, pain medication, surgery, and bible classes three times a month with weekly church attendance. In the 5/28/14 report, ██████████ requested authorization for 10-session coping skills group, but would accept a "trial of four to six sessions." Given this patient's lack of progress with physical medicine alone an initial trial of 3-4 psychotherapy visits as recommended by MTUS and ODG guidelines, seems reasonable. Then, based on assessment and evidence of this patient's response to the initial trial sessions, additional sessions could be authorized or denied. However, regarding the request for ten (10) sessions are excessive for trial per MTUS. Therefore, this request is not medically necessary.