

Case Number:	CM14-0194748		
Date Assigned:	12/02/2014	Date of Injury:	09/10/2013
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/20/2014

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 injured worker is a 55 year-old female [REDACTED] with a date of injury of 9/10/13. The injured worker sustained orthopedic injuries when she was struck in the chest and had her wrists forcibly pulled and restrained by a combative patient while working as an LVN Charge Nurse for [REDACTED]. In his PR-2 report dated 11/13/14, [REDACTED] diagnosed the injured worker with Shoulder Pain and Knee Pain. Further, in his "Followup Panel QME Report" dated 11/5/14, [REDACTED] diagnosed the injured worker with the following: (1) Status post assault with multiple body part injury; (2) Cervical sprain/strain injury; (3) Left shoulder rotator cuff injury with tendinosis and bursal fraying associated with low-grade partial disruption of distal supraspinatus tendon as well as mild tendinosis of the biceps tendon; (4) Type II acromioclavicular arthrosis; (5) Bilateral median and ulnar neuropathy per EMG/nerve conduction study; (6) Left wrist sprain/strain injury with small transmural tear near the radial attachment; (7) Ulnocarpal synovitis; (8) Left shoulder sprain/strain injury; (9) Bilateral wrist sprain/strain injury; and (10) Chest wall contusion. The injured worker has received treatment for her orthopedic injuries including medications, physical therapy, and the use of a TENS unit. It is also reported that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their "Psychological Evaluation & Request for Treatment Authorization" dated 10/10/14, [REDACTED] and [REDACTED] diagnosed the injured worker with: (1) Adjustment disorder with depressed and anxious mood, moderate severity; and (2) Pain disorder associated with both psychological factors and an orthopedic condition. They recommended follow-up psychological treatment including participation in a 10 week cognitive-behavioral pain education and coping skills group. The request under review is based on [REDACTED] recommendation.

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 10 sessions (Cognitive Behavioral Treatment): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guideline, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The CA MTUS guideline for the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. In their "Psychological Evaluation & Request for Treatment Authorization" dated 10/10/14, [REDACTED] presented relevant and appropriate information regarding the injured worker's psychological status and need for follow-up psychological services. They recommended participation in a 10 week cognitive-behavioral pain education and coping skills group. Although the recommendation for a CBT pain education and coping skills group is appropriate, the CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks." Given this information, the request for an initial trial of 10 visits exceeds the CA MTUS recommendation. As a result, the request for "Pain education and coping skills 10 sessions (Cognitive Behavioral Treatment)" is not medically necessary. It is noted that the injured worker received a modified authorization for 4 pain education and coping skills sessions in response to this request.