

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0041596 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 09/10/2013 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 55-year-old female sustained an industrial injury to the left shoulder and right knee on 9/10/13. In a PR-2 dated 1/8/15, the injured worker complained of pain 3.5/10 on the visual analog scale with medications and 7/10 without. The injured worker had recently completed a course of physical therapy. Current diagnoses included left shoulder tendonitis/bursitis, partial rotator cuff tear supraspinatus, mild to moderate left median neuropathy, left wrist pain and bilateral carpal tunnel syndrome. The physician noted that the injured worker started pain coping group on 12/9/14 and reported that it was going well. Treatment notes from behavioral pain management group psychotherapy dated 12/9/14, 1/6/15, 1/20/15, 1/27/15 and 2/3/15 state that the injured worker was a full and active participant in group discussion and activities. The treatment plan included continuing to participate in the group through the full ten weekly sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining three sessions of pain education and coping skills group (cognitive behavioral treatment): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 injured worker has been receiving group therapy and pain education services for a total of 4 completed sessions. The supplied notes indicate that the injured worker has benefitted from the groups and has been able to demonstrate increased activity and improvement in mood. The CA MTUS indicates that a total of 6-10 sessions can be completed as long as CBT is being completed and objective functional improvements have been demonstrated. Given the fact that the injured worker has only received 4 sessions thus far, the request for an additional 6 group sessions, to complete the 10 session protocol, appears reasonable and medically necessary.