

Case Number:	CM15-0041651		
Date Assigned:	03/11/2015	Date of Injury:	11/20/2006
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 11/20/06. She has reported multiple injuries after falling off of the back of a trailer while at work. The diagnoses have included status post fall with traumatic brain injury, right ulnar/radial fracture, lumbar degenerative disc disease (DDD), lumbar spine facet arthropathy, discogenic low back pain, chronic pain disorder and depression. Treatment to date has included medications, injections, conservative measures, and psychological care. Currently, as per the physician progress note dated 1/23/15, it was noted that the major issue was that she resists any type of movement that creates pain. The injured worker walks very slowly and carefully and exhibits pain behaviors. The physician noted that she needs to have a routine stretching and exercise program or she would inevitably become an invalid for no other reason than pain. The Treatment Plan included request for reconsideration for issuance of the CD's Education materials: Set of CDs to help with relaxation and pain coping skills. Coping skills were reviewed and Cognitive behavioral therapy will continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Education materials: Set of CDs to help with relaxation and pain coping skills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure summary, Durable Medical Equipment (DME) CMS Medicare Benefit Policy Manual Chapter 15, Section 110.1 Blue cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23, 100-102 of 127.

Decision rationale: Regarding the request for educational materials, Chronic Pain Medical Treatment Guidelines state that 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. Within the documentation available for review, there is no clear rationale identifying the medical necessity of educational materials in addition to utilizing the relaxation and coping skills that are expected to have been taught while the patient was undergoing psychological treatment. In the absence of clarity regarding those issues, the currently requested educational materials are not medically necessary.