

Case Number:	CM15-0053581		
Date Assigned:	03/27/2015	Date of Injury:	08/05/2009
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 8/5/09. She reported pain in the neck and upper extremities. The injured worker was diagnosed as having cervical strain with radiculopathy, right shoulder impingement, left shoulder impingement and right elbow strain. Treatment to date has included MRI's, shoulder injections, physical therapy, EMG/NCV study, TENs unit, acupuncture and oral pain medications. As of the PR2 dated 3/9/15, the injured worker reports having to stop the functional restoration program due to uncontrolled hypertension. She has been prescribed an anti-hypertensive and would like to continue with the pain coping skills group. She reported 6/10 pain in the neck that radiates to the bilateral upper extremities. The treatment plan includes a home exercise program, Lidoderm patches, Ultram and Lexapro. The treating physician requested cognitive behavioral pain education and coping skills treatment x 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive-behavioral pain education and coping skills treatment x 10 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatments Page(s): 101-102.

Decision rationale: The request is considered medically necessary. The patient has had chronic pain for several years. The patient was discharged from a functional restoration program due to elevated blood pressure. The patient would have benefited from the psychological treatment provided by the program given her pain history. As per MTUS, psychological evaluations are recommended to use with patients with pain problems. Psychological interventions may be necessary and may help lower the risk for work disability. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.