

<b>Case Number:</b>	CM15-0053604		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	09/03/1987
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 62 year old male sustained an industrial injury to the bilateral upper extremities and cervical spine on 9/3/87. In a pain management psychological consultation and treatment report dated 2/23/15, the physician noted that the injured worker was receiving treatment for ongoing shoulder pain, sleep disturbance and depression symptoms associated with chronic pain. The injured worker complained of pain 8/10 to bilateral shoulders and upper back. The injured worker's opioid medications had recently been tapered. The injured worker reported going to the Emergency Department in February 2015 due to acute withdrawal symptoms. The physician's impression was a pain psychological profile clearly indicative of an individual with chemical dependency vulnerability, many years of high dose opioid therapy, negligible pain coping skills and marked deconditioning. Current diagnoses included pain disorder associated with psychological factors and an orthopedic condition, depression, opioid dependency due to chronic pain with a remote history of alcohol abuse and chronic neck, shoulder and upper extremity pain. The treatment plan included scheduling a surgical consultation, obtaining magnetic resonance imaging, continuing medications (Pristiq and Seroquel) and 10 sessions of pain education and coping skills group. The physician requested authorization for 4 initial sessions of cognitive-behavioral pain education and coping skills treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Initial Sessions Of Cognitive-Behavioral Pain Education and Coping Skills Treatment:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 101-102. 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.

**Decision rationale:** ██████████ February 2015 psychological evaluation presented adequate information to substantiate the need for follow-up psychological services for the injured worker. The CA MTUS recommends an "initial trial of 3-4 visits" for the psychological treatment of chronic pain. The request under review is for an initial 4 sessions, which is not only reasonable, but is medically necessary.