

Case Number:	CM14-0094934		
Date Assigned:	07/25/2014	Date of Injury:	09/15/2011
Decision Date:	09/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/23/2014

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 Texas. 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 44-year-old male who reported an injury on 09/15/2011 after pulling a metal chain on a garage door. The injured worker reportedly sustained an injury to his neck, back, and bilateral upper extremities. The injured worker's treatment history included physical therapy, chiropractic care, and epidural steroid injections. The injured worker was evaluated on 01/10/2014. The injured worker underwent psychological assessment that determined the injured worker suffered from a moderate amount of depression with associated anxiety. The injured worker had symptoms of increased irritability, frustration, anger, stress, and panic like symptoms. It was determined that his psychological factors were primarily related to the injured worker's chronic pain status. The injured worker's treatment plan included a 10-session pain education and coping skills group. A Request for Authorization form for 10 sessions of a pain education and coping skills group from 02/25/2014 to 06/01/2014 was submitted on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Education/Coping Skills Group: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Chronic Pain and Mental Illness and Stress Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 24.

Decision rationale: The requested Pain Education/Coping Skills Group is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend cognitive behavioral therapy for injured workers at risk for delayed recovery due to psychological factors. The clinical documentation does support that the injured worker has depressive and anxiety type symptoms related to the injured worker's chronic pain. The California Medical Treatment Utilization Schedule recommends a 3 to 4 visit clinical trial to establish efficacy of treatment. The Request for Authorization form dated 01/24/2014 notes a request for 10 sessions, which exceeds this recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. Furthermore, the request as it is submitted does not clearly define a duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Pain Education/Coping Skills Group is not medically necessary.