

Case Number:	CM15-0174941		
Date Assigned:	09/16/2015	Date of Injury:	11/11/2013
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a 57 year old female who sustained an injury on 11-11-13 resulting when she was pushing a wheelchair with a patient and felt pain in her wrist and forearm. Diagnoses were lateral epicondylitis of right elbow; carpal tunnel syndrome right and treatment included splinting, NSAIDS, physical therapy (24), occupational therapy and TENS unit. Diagnostic testing included X-rays, MRI, EMG, NCV studies. The medical records (10-21-14) indicate a referral for pain psychological consultation for evaluation and recommendation of pain coping strategies. She has chronic progressive pain in her right arm, right elbow, right wrist and right hand. The psychological evaluation on 5-4-15 indicates that she described her mood as depressed and was rated as 6 out of 10; energy and motivation are low; fatigued and has problems with sleep. She has not had any psychotherapy related to this injury. Psychiatric diagnoses included major depressive disorder, moderate to severe with no psychotic symptoms; chronic pain disorder associated with both psychological factors and an orthopedic condition. Pain coping skills group was requested to address pain coping skills and possibly help with depression. 8-12-15 rehabilitation psychology report indicates no change in ability to perform activities of daily living (dressing, grooming, shopping and driving). It was noted that her level of depression is significant and may require a more intensive or focused treatment in addition to the Pain Coping Skills group. Current requested treatments 4 sessions of group cognitive behavioral pain education and coping skills. Utilization review 8-20-15 modified to 2 sessions of group cognitive behavioral pain education and coping skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Sessions of Group Cognitive Behavioral Pain Education and Coping Skills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Mental Illness & Stress, Cognitive Behavioral Therapy (CBT) guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] and [REDACTED] on 5/4/15. In their follow-up psychological evaluation report dated 6/2/15, it was recommended that the injured worker participate in follow-up group psychoeducation/psychotherapy sessions. Although the program is a ten-week format, the initial request was for 4 sessions, which were authorized at the end of June 2015. The group progress notes as well as follow-up reports support the need for additional treatment. The injured worker has completed 4 group sessions to date. The request under review is for an additional 4 group sessions. The CA MTUS recommends up to 10 sessions in the treatment of chronic pain. Utilizing this guideline, the request falls within the number of total sessions and is supported by the included documentation. As a result, the request is medically necessary.