

<b>Case Number:</b>	CM13-0032443		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/22/1989
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 physician 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 patient is a 67-year-old female who reported a work-related injury on 03/22/1989. The patient has complaints of chronic low back pain with a severe radicular component. She also complains of pain in the mid-back and neck. The patient has undergone physical therapy treatments and H-Wave unit. Her diagnoses are listed as chronic low back pain, degenerative lumbar spondylosis, chronic neck/back pain, myofascial pain syndrome, and pain disorder with psychological/general medical condition. A request has been made for a specialty referral for behavioral medicine consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPECIALTY REFERRAL: BEHAVIORAL MEDICINE CONSULTATION:** 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), Cognitive Behavioral Therapy page 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

**Decision rationale:** Psychological consultation dated 08/09/2013 stated the patient had been worked up with multiple MRIs, a trial of spinal cord stimulation, a trial of lumbar facet block, and lumbar radiofrequency ablation. But apparently, she was being primarily managed by narcotics. Psychological testing was administered for the patient. The patient was recommended to undergo a trial of six psychotherapy sessions based on facilitating her self-regulation of her over-arousal and anxiety ridden state. Submitted documentation indicated that 6 sessions of psychotherapy were certified for the patient. There was no documentation noting the efficacy of these sessions and the rationale for continued behavioral medicine consultations. California Medical Treatment Guidelines for Chronic Pain indicate that psychosocial evaluations should determine if further psychosocial interventions are indicated. As such, the request for specialty referral: behavioral medicine consultation is non-certified.