

Case Number:	CM13-0035761		
Date Assigned:	12/13/2013	Date of Injury:	10/05/2012
Decision Date:	02/13/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 woman who sustained a work related injury on October 5, 2012. The patient developed neck pain and numbness in the shoulder and arms. She subsequently developed depression and insomnia. She was tried on physical therapy and medications (Prozac, Restoril and Klonopin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-behavior pain management for psychological pain consultation and treatment interventions (6-10 treatments over 5-6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation ODG for Pain regarding Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. Although there may be a need for psychological evaluation for the patient's condition, the number of interventions should be determined by the psychological consultant. In addition, the requesting physician should provide documentation supporting the

medical necessity for a pain management specialist evaluation. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for bio-behavior pain management for psychological pain consultation and treatment interventions (6-10 treatments over 5-6 weeks) is not medically necessary.