

Case Number:	CM14-0002319		
Date Assigned:	06/11/2014	Date of Injury:	12/17/2003
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation 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 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 54 year old female who reported an injury on 12/17/2003 due to continuous trauma. The injured worker complained of having increased pain in the neck, down the spine and to the sacrum. Physical examination findings noted show that the injured worker had progressive pain, numbness, and weakness involving both hands (right worse than left). The injured worker rated her pain at 8-9/10 on a pain scale. The injured worker had diagnoses of chronic low back pain due to degenerative lumbar spondylosis and myofascial pain syndrome, chronic neck pain, chronic arm/wrist pain due to carpal tunnel syndrome and insomnia. The injured worker's medications include Norco 10/325 #120, Skelaxin 800mg #60, Flexeril -1 tablet #30, Lorazepam 0.5mg #45 and Thermacare heat pads. The treatment plan is for one behavior medicine consultation. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BEHAVIOR MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: The request for one behavior medicine consultation is not medically necessary. The injured worker complained of having increased pain in the neck, down the spine and to the sacrum. The injured worker has had a prior behavioral medicine consultation. There was lack of documentation in the report submitted showing whether the previous consultation had any positive efficacy. According to California Medical Treatment Utilization Schedule (MTUS) there appears to be little scientific evidence for the effectiveness of multidisciplinary bio-psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Given that it is unclear as to whether the injured worker has undergone any psychological treatment and there is no documentation to support as to why the injured worker will benefit from one behavior medicine consultation. The request is not medically necessary.