

Case Number:	CM14-0005531		
Date Assigned:	02/05/2014	Date of Injury:	06/21/2012
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 patient is a 61 year-old male [REDACTED] with a date of injury of 3/1/13. The patient sustained cumulative injuries to his spine as the result of repetitive movements while working as an assembler/installer for [REDACTED]. In his PR-2 report dated 1/21/14, the physician diagnosed the patient with the following: (1) Headache; (2) Cervical sprain/strain; (3) Displacement of cervical IVD w/o myelopathy: 2-3 mm @ C4/C5, C5/C6, & C7/C8; 1-2 mm @ C3/C4 & C7/T1-per 5/22/13 MRI; (4) Foraminal stenosis: moderate to severe - bilateral @ C4/C5, C5/C6, left @ C6/C7, right @ C3/C4, moderate left @ C3/C4, mild right @ C6/C7- per 5/22/13 MRI; (5) Uncovertebral osteophytes: bilateral at C3/C4, C4/C5, & C5/C6- per 5/22/13 MRI; (6) Thoracic sprain/strain; (7) Lumbar sprain/strain; (8) Displacement of lumbar IVD w/o myelopathy: 2-3mm @ L3/L4 and L4/L5- per 5/22/13 MRI; (9) Foraminal stenosis: moderate left @ L3/L4, moderate bilateral @ L4/L5- per 5/22/13 MRI; (10) Sprain of shoulder and upper arm; (11) Sprain of elbow and forearm; (12) Pain in joint involving forearm; (13) Pain in joint involving hand; (14) Unspecified internal derangement of knee; (15) Anxiety state unspecified; (16) Difficulty in walking; (17) Unspecified sleep disturbance; (18) Thoracic myofascial pain syndrome; and (19) Lumbar myofascial pain syndrome. It is also reported that the patient has developed psychiatric symptoms secondary to his orthopedic injury and chronic pain. In a "Psychological Consultation Bio-Behavioral Pain Management" dated 6/24/13, [REDACTED] diagnosed the patient with: (1) Depressive disorder, NOS; (2) Adjustment disorder with mixed emotional features; (3) Anxiety disorder, NOS; (4) Pain disorder associated with psychological factors and general medical condition; and (5) Sleep disorder due to both psychological factors and general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-BEHAVIORAL PAIN MANAGEMENT 6-10 TREATMENT VISITS OVER 5-6 WEEKS 1 X 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioral Intervention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioral Interventions Page(s): 23.

Decision rationale: The CA MTUS guideline regarding the behavioral treatment of chronic pain will be used as reference for this review. Based on the review of the medical records, the patient has been experiencing a great amount of pain as the result of his work-related injuries. He completed an initial "Psychological Consultation Bio-Behavioral Pain Management" evaluation with [REDACTED] on 6/24/13 and was recommended to begin bio-behavioral pain management treatment. The patient clearly would benefit from such services however, the request for "Bio-Behavioral Pain Management 6-10 Treatment Visits Over 5-6 Weeks 1 X 10" is too vague as it does not indicate a specific number of sessions. Although the CA MTUS indicates that 6-10 visits may be necessary, the request needs to be precise. As a result, the request for "Bio-Behavioral Pain Management 6-10 treatment visits over 5-6 Weeks 1 X 10" is not medically necessary. It is recommended that future requests be more specific and include all relevant documentation to substantiate and support the request. It is noted that the patient received a modified authorization for 6 sessions in response to this request.