MAXIMUS Federal Services

| Case Number: | CM14-0117352 | | |
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| Date Assigned: | 08/04/2014 | Date of Injury: | 05/18/2012 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

## 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 licensed in Psychology and is licensed to practice in 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 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 51-year-old woman who reported an injury on 05/18/2012. The mechanism of injury was not provided for clinical review. The diagnoses included chronic neck pain secondary to degenerative spondylosis, cervical spine, chronic radiculitis, bilateral arms, chronic pain disorder associated with both psychological factors and general medication condition and medical disorders. The previous treatments included medication and physical therapy, behavioral medicine. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of chronic pain with emotional instability. She complained of chronic pain in the neck and arms also headaches due to degenerative spondylosis of the cervical spine. The injured worker reported she has yet to complete a course of behavioral medicine in the past. Upon the physical examination, the provider noted the injured worker does not fulfill the criteria for major depressive disorder, but does have a significant affective or emotional pain component that contributes to her chronic disabling pain syndrome and requires evaluation. The provider requested for a behavioral medicine consult/treatment, affective/emotional pain component. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral Medicine Consultation/Treatment, Affective/Emotional pain component:**
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The California MTUS/ACOEM Guidelines note specialty referrals may be necessary when patients have significant psychopathology or serious medical co-morbidities. Some mental illness are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return to work process. Treating specific psychiatric diagnoses are described in other practice guidelines in text. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions, such as severe depression or schizophrenia, be referred to a specialist, while common psychiatric conditions such as mild depression may be referred to a specialist after symptoms continue for more than 6 to 8 weeks. Practitioners should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress or person-job fit may be handled effectively with talk therapy through a psychologist or other mental professionals. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The injured worker has undergone previous behavioral medicine consultation in the past however the clinical documentation was not submitted for clinical review. While the clinical documentation may support the need for a consultation, there is lack of clinical documentation indicating the specific treatment the injured worker is to undergo. Therefore, the request is not medically necessary.