

Case Number:	CM14-0037657		
Date Assigned:	06/25/2014	Date of Injury:	07/20/2001
Decision Date:	07/28/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family 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 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 56-year-old female claimant sustained a work injury on 7/20/01 involving the arms and neck. The patient had a diagnosis of cervical spondylosis, fibromyalgia, degeneration of the cervical discs, reflex sympathetic dystrophy and cervical myelopathy. She had been taking Norco and Lyrica for pain management along with acupuncture. A progress not on 1/6/14 indicated the claimant had increasing body tenderness and paraspinal spasms. Due to continued pain from her fibromyalgia, the treating physician had ordered a behavioral pain management specialist on 2/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BEHAVIORAL PAIN MANAGEMENT EVALUATION AND TREATMENT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: According to the MTUS guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain.

Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Based on the MTUS guidelines, the referral for outpatient behavioral pain management evaluation and treatment is appropriate. The patient had persistent symptoms since the injury without improvement with medications and manipulation. The patient had several factors contributing to her symptoms that can be best managed with the consultation of a behavioral pain specialist in addition to the pain specialist. As such, the request is certified.