

<b>Case Number:</b>	CM14-0087231		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Internal 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:

On 10/5/06, the patient had a worker comp injury causing cervical spinal discopathy, left shoulder AC joint arthropathy, lumbar spine discopathy, right knee internal derangement and left knee pain. A medical report from 1/6/14 noted that she had abnormal sleep and anxiety and was treated with psychiatrist consultations, Prozac, and Ativan. An orthopedic consult on 4/25/14 noted that she had 8/10 pain to her right knee, 8/10 pain to her neck and left shoulder, 9/10 pain to her lumbar spine and also general body pain. She was treated with Ultram and Vicodin. He also notes that the treating physician had diagnosed Affective spectrum disorder, which was secondary to her posttraumatic fibromyalgia and psychiatric illness. He recommended referral to an MS who would provide behavior pain management in order to improve her musculoskeletal function and restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for behavioral pain management program:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 30 and 42 and 101 and 102.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that education is often beneficial in treating chronic pain and that psychological intervention is often important. Cognitive behavioral therapy and other forms of psychiatric intervention are often helpful. Specifically, cognitive behavioral intervention can be instrumental in relieving stress, changing one's perception and attitude toward pain and coping skills with pain. The MTUS also describes the functional restoration program as beneficial for those who have chronic pain and combines exercise with psychological counseling as part of a multidisciplinary pain management program. In the above patient, we note that she suffers from depression and chronic anxiety and generalized body pain as well as fibromyalgia. The treating physician made the diagnosis of Affective spectrum disorder and felt she should be referred to an MS who has a comprehensive behavior pain management program and addresses the psychological aspects as well as the behavioral aspects of her pain. The consulting orthopedist concurred with this. It is rational to believe that a patient who suffers from depression, anxiety, and fibromyalgia would benefit from this program and therefore I feel that this is medically indicated for this patient. As such, the request is medically necessary.