

<b>Case Number:</b>	CM15-0038833		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old male who sustained an industrial injury on 02/06/2012. Diagnoses include chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, chronic neck pain, degenerative cervical spondylosis and pain disorder with psychological/general medical condition. Treatment to date has included medications, physical therapy, chiropractic sessions, and epidural steroid injections. A physician progress note dated 01/20/2015 documents the injured worker has progressive radicular pain into both arms left greater than right. He complains of low back pain with left greater than the right lower extremity symptoms. Pain is rated 8 out of 10, and range of motion is decreased. Treatment requested is for Behavioral Medicine consultation to treat the patient's chronic pain syndrome in its entirety. On 02/11/2015 Utilization Review non-certified the request for Behavioral Medicine consultation and cited was CA MTUS ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Behavioral Medicine consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional restoration programs (FRPs) Page(s): 49.

**Decision rationale:** This patient receives treatment for chronic pain that began in 2012. The patient has low back pain, lumbar spondylosis, trochanteric hip bursitis, cervical foraminal stenosis with peripheral neuropathy and has become opioid dependent. The patient is not working. The treating physician states that the patient did not complete a behavioral treatment plan begun previously. There is no documentation of what this treatment was or what the patient's response to this treatment was. In addition, the patient's neurosurgeon advised surgical treatment for the cervical spine pathology. The treatment guidelines state that admission to a functional restoration program cannot take place until all treatment plans, including surgery, are exhausted. The treating physician states that the requested services, behavioral medicine, should be a part of a multidisciplinary pain management program. The treatment guidelines state that the challenge is that there are no agreed upon criteria for admission to these programs. This makes evaluating their effectiveness very difficult. Based on the documentation a behavioral medicine referral is not medically indicated.