

Case Number:	CM13-0006870		
Date Assigned:	11/27/2013	Date of Injury:	02/12/2012
Decision Date:	03/25/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 51 year-old male with date of injury 02/12/2012. The patient's diagnosis is lumbar pain with right lumbar radiculopathy. Prior to surgery, he underwent a course of physical therapy which was unsuccessful in resolving symptoms. November 14, 2012, the patient underwent a lumbar laminectomy at L4-5. He has had an incomplete postoperative recovery and still suffers from low back pain with radiating pain to the right leg. On 06/27/2013, the patient underwent an extensive evaluation by a multidisciplinary team to determine his acceptability for a chronic pain program. At that time the patient complained of low back pain radiating down to the right lateral thigh, calf and foot. He stated that the pain was a 6-7/10 and that his pain was exacerbated by prolonged sitting. According to the patient, there were no alleviating factors to his pain. One of the self-assessment questionnaires dealt with the patient's beliefs about his pain and his chances of recovery. The patient feels that he will always be taking pain medication. He does not expect to ever return to any type of work. The report lists several potential barriers to recovery: 1. Dependence on multiple medications; 2. Moderate to high fear avoidance beliefs; 3. Moderate to severe deconditioning; 4. Prolonged disability from work; and 5. No currently-available job position.

IMR ISSUES, DECISIONS AND RATIONALES

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

An initial trial a functional restoration program (15 part day sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Chronic Pain programs

Decision rationale: The patient is a poor candidate for a chronic pain program. According to the Official Disability Guidelines, there are several factors that predict a patient's failure in this type of program. This patient appears to have the following negative predictors of completion of the program: A negative outlook about future employment, high levels of psychosocial distress, increase duration of pre-referral disability time, high prevalence of opioid use, and elevated pretreatment levels of pain. It is unlikely that the patient will benefit from the program, and the chronic pain program is not medically necessary.