

Case Number:	CM13-0011519		
Date Assigned:	03/10/2014	Date of Injury:	01/03/2011
Decision Date:	04/07/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/14/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 43-year-old male with a 1/3/11 date of injury. At the time of request for authorization for Pain Management Evaluation, 6 Hours, there is documentation of subjective (back and lower extremity pain) and objective (posture and mechanics grossly abnormal) findings, current diagnoses (lumbar disc displacement, anxiety, depression, psychogenic pain, lumbar degenerative disc disease, post lumbar laminectomy syndrome, and rotator cuff syndrome), and treatment to date (medications). Medical report identifies a recommendation for an interdisciplinary evaluation to come up with a plan to wean him from many of his medications and make his health more stable and supportable. 7/30/13 medical report identifies that the patient has not undergone an evaluation for a multidisciplinary pain rehabilitation program in the past, nor has he gone through a multidisciplinary treatment program. There is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT EVALUATION, 6 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, anxiety, depression, psychogenic pain, lumbar degenerative disc disease, post lumbar laminectomy syndrome, and rotator cuff syndrome. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. However, there is no documentation that the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Evaluation, 6 Hours is not medically necessary.