

Case Number:	CM13-0025704		
Date Assigned:	11/20/2013	Date of Injury:	04/23/1996
Decision Date:	08/01/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/17/2013

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 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:

The primary treating physician's progress report (PR-2) dated 08-20-2013 was provided by [REDACTED]. The patient's date of injury was 04-23-1996. The patient complains of low back and left leg pain and states that he has been having a lot of anxiety. He feels that his pain is increasing and this causes him anxiety which then leads to panic attacks. His PCP has started him on Lorazepam. The patient's pain score is 7/10 right now and averaged 6/10 over the preceding week. Without pain medications, the patient's pain score is 9-10/10 and with pain medications, the patient's pain score is 7/10. Physical examination was not documented. Diagnoses include lumbar radiculopathy, S/P Lumbar disc removal L5-S1 July 1998, chronic pain syndrome, insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, Right AKA from a previous injury. Medications included MS Contin, Morphine Sulfate MSIR. He has been maintained on strong narcotic medications for a prolonged period of time. The patient also needs the NESP-R program for narcotic detoxification and functional restoration. A utilization review dated 09-11-2013 recommended non-certification of the request for NESP-R Programme (Nutrition, Emotional/Psychological, Social/Financial, Physical) for chronic low back pain, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NESP-R PROGRAMME (NUTRITION, EMOTIONAL/ PSYCHOLOGICAL, SOCIAL/FINANCIAL, PHYSICAL) FOR CHRONIC LOW BACK PAIN, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) - Page(s): 30-32.

Decision rationale: Chronic pain programs (functional restoration programs) are also called multidisciplinary pain programs or interdisciplinary rehabilitation programs. The MTUS Chronic Pain Guidelines presents criteria for the use of multidisciplinary pain management programs. Outpatient pain rehabilitation programs may be considered medically necessary when all criteria are met. Patient selection criteria must be met. The medical records provided for review indicates that patient selection criteria are not met. The medical records provided for review do not document physical examination, physical therapy or chiropractic care, past non-surgical treatment interventions and the patient's response to past therapeutic interventions, or the absence of other options likely to result in significant clinical improvement. The medical records also do not document access to chronic pain programs (functional restoration programs) with proven successful outcomes. There are no indications that the patient is motivated to improve and return to work, or that negative predictors of success have been addressed. The available medical records demonstrate that the MTUS Chronic Pain Guidelines' patient selection criteria are not met, and do not support the medical necessity of NESP-R program.