

Case Number:	CM13-0030319		
Date Assigned:	11/27/2013	Date of Injury:	02/08/2008
Decision Date:	01/23/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice, and is licensed to practice in Texas and 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 female who reported an injury on 2/8/08; she slipped and fell on a cement floor, landing on her left knee and buttock, with the right leg outstretched. She has since been treated for chronic low back pain and has utilized injections and oral medications to help reduce her pain levels. She was also admitted into the [REDACTED] [REDACTED] to assist with optimization of her overall pain management and treatment plan. The most recent documentation dated 8/30/13 stated that the patient went on to develop a chronic pain syndrome and was transferred from the [REDACTED] to the HELP outpatient program. The patient had difficulties maintaining her decreased opioid medication as an outpatient, and failed the outpatient HELP program; the physician is now requesting a readmission into the [REDACTED] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a pain management evaluation at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): s 30-34.

Decision rationale: The California MTUS guidelines state that chronic pain programs, otherwise known as functional restoration programs, are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. Under the criteria for general use of multidisciplinary pain management programs, it states that the patient should exhibit motivation to change, and is willing to forego secondary gains, including disability payments, to affect this change. It goes on to state that the total duration of treatment should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In the documentation dated 8/30/13, there was nothing indicating that the patient has exhibited the motivation to change in regards to her previous failure of the program, nor has she stated that she was willing to forego secondary gains, to include disability payments, to affect this change. At this time, the requested service cannot be warranted without a thorough consent from this patient to fulfill her part in completing this program.