

Case Number:	CM13-0032890		
Date Assigned:	12/06/2013	Date of Injury:	06/08/1994
Decision Date:	02/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation 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 61-year-old female who reported an injury on 06/08/1994. The mechanism of injury information was not provided in the medical records. The most recent clinical note dated 11/05/2013 revealed the patient had complaints of chronic and severe pain in her lower back. The patient complained about low back pain radiating down into her lower extremities, worse on the right. She stated that the pain also radiated up to her neck from her lower back. The patient had a history of failed back surgery syndrome, cervical and lumbar spondylosis, peripheral neuropathy, and neurogenic bladder. Previous interventional treatments included cervical epidural steroids and medication management. The patient rates her pain level at 10/10 without medications and 7/10 with medications. Medications prescribed include Duragesic patch 100 mcg, Opana ER 40 mg, Skelaxin 800 mg, Lyrica 100 mg, Metanx 3-35-2 mg, Flector 1.3% patch, Voltaren 1% gel, Cymbalta 60 mg, trazodone powder, clonazepam 1 mg tablets, Wellbutrin 100 mg, Ambien 10 mg, bupropion 300 mg, and Nexium 40 mg. Medications prescribed are keeping the patient functional, allowed for increased mobility and tolerance of her activities of daily living and home exercise. Mental status examination noted that the patient's judgment and insight were intact. She was oriented to time, person, and place, and her memory was intact for recent and remote events. There were no signs of depression, anxiety or agitation. Physical examination of the lumbosacral spine noted tenderness to palpation to the L5-S1 dermatome area. The patient's forward flexion was noted at 40 degrees, hyperextension was at 10 degrees, right lateral bend at 10 degrees, and left lateral bend at 10 degrees also. Sitting straight leg raise was noted to be positive bilaterally. The patient's gait was antalgic gait and weakness was noted. The patient ambulated with a walker. There were noted bilateral lumbar spasms. The patient was advised to taper her medications a

IMR ISSUES, DECISIONS AND RATIONALES

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

Conservative care/Observant management: 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 Approach to Chronic Pain Management Page(s): 9.

Decision rationale: Per California MTUS Guidelines, therapy for chronic pain ranges from single modality approaches with a straightforward patient, to comprehensive interdisciplinary care with a more challenging patient. Therapeutic components such as pharmacological, interventional, psychological, and physical have been found to be more effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. However, with that said, there is no documentation provided in the medical records that describes precisely what conservative care and observant management is to be compared to in the guidelines to use for criteria to base the necessity. Therefore, the medical necessity for conservative care/observant management cannot be determined at this time, and the request is non-certified.

Continue with psychiatric care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Per California MTUS, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain relief, and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. There is no clinical documentation provided in the medical record of the patient's current or previous psychiatric care to include the dates of service, the number of sessions that the patient has removed, and the results of the treatment. There are also no provided current treatment plans or goals for the patient in conjunction with the psychological treatment. Therefore, the medical necessity for ongoing psychiatric care cannot be determined at this time and the request is non-certified.