

Case Number:	CM13-0033818		
Date Assigned:	12/06/2013	Date of Injury:	05/17/2012
Decision Date:	02/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

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 Ohio and Texas. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic wrist pain, chronic knee pain, prior knee surgery; prior carpal tunnel release surgery; chronic low back pain, and posttraumatic headaches reportedly associated with industrial injury of May 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; topical compounds; prior knee surgery; prior carpal tunnel release surgery; and extensive periods of time off of work. The applicant has apparently filed claims for derivative erectile dysfunction. In a Utilization Review Report of September 13, 2013, the claims administrator denied a request for a chronic pain program or functional restoration program. The program was apparently denied on the grounds that an initial multidisciplinary precursor evaluation had not been performed. Therefore, the request was not certified. An earlier October 14, 2013 pain management note is notable for comments that the applicant is having persistent wrist and low back pain with associated radicular complaints. Diminished lower extremity strength is appreciated with muscle guarding appreciated about the paraspinal muscles. The applicant is asked to employ Vicodin, Soma, and naproxen for pain relief while pursuing a chronic pain rehabilitation program for both the applicant's chronic pain issues and depressive issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

chronic pain rehab program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 32.

Decision rationale: As noted on Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for pursuit of functional restoration program/chronic pain program include evidence that an adequate and thorough precursor evaluation has been made, evidence that previous means of treating chronic pain have been unsuccessful and that there is an absence that further options likely to result in significant clinical improvement, evidence that there is a significant loss of ability to function as a result of the chronic pain, evidence that the applicant is not a candidate for further surgery, and/or evidence that an applicant exhibits the motivation to change and is going to forego disability payments to effect said change. In this case, however, these criteria have not been clearly met or outlined by the attending provider. The precursor evaluation has not been completed. It is not clearly stated that the applicant is not a candidate for further surgery. For example, one of the applicant's many treating providers is seemingly suggesting that he may be a candidate for carpal tunnel release surgery. It is not clearly stated or suggested that the applicant would be willing to forego total temporary disability payments so as to try and effect change here. Therefore, the request is not certified, for all of the stated reasons