MAXIMUS Federal Services

Case Number:	CM13-0037013		
Date Assigned:	12/13/2013	Date of Injury:	09/29/2011
Decision Date:	02/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/22/2013

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 and 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 39-year-old female who reported a work-related injury on 09/29/2011, as a result of strain to the lumbar spine. The patient subsequently is status post an L5-S1 discectomy as of 10/01/2012. The patient presents for treatment of the following diagnoses: Depression, anxiety, chronic pain syndrome, lumbar spondylosis without myelopathy, myofascial pain syndrome, axial low back pain, lumbar facet pain status post L5-S1 discectomy. The clinical note dated 08/16/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient had extreme amounts of anxiety due to ongoing pain complaints with a significant amount of dysfunction in regards to the patient's activities of daily living. The provider documents the patient is status post injection therapy, multiple medication trials, failing opioid and non-opioid medications, as well as anti-neuropathic medications. The provider documents the patient reports a 60% decrease in functional activities. Upon physical exam of the patient, the provider documented that the patient utilizes no medications. The provider reported range of motion of the lumbar spine as noted to be at 60 degrees of flexion, extension to neutral, bilateral lateral rotation at 15 to 20 degrees. The patient had 5/5 motor strength noted throughout. The provider documented the patient was pending a pain psychology evaluation. The provider recommended the patient utilize a functional restoration program. Psychological Assessment and Treatment Plan dated 08/20/2013 performed by [redacted] documents the patient scored an 11 out of 21 with a Hospital Anxiety and Depression scale testing which revealed an elevated depressed range. Additionally, the patient scored 18 out of 21 evidencing clinically significant anxiety ranges. The provider recommended the patient see a pain psychologist to reduce symptoms of depression and anxiety. In addition, it was recommended the patient undergo participation in a multidiscip

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro re-exam and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested chiropractic re-exam and treatment. The clinical notes document the patient has been receiving chiropractic interventions under the care of [redacted]. It is unclear duration, frequency, or efficacy of treatment received under the care of [redacted]. In addition, the current request does not specified duration or frequency of treatment. The California MTUS indicates a trial of 6 visits over 2 weeks with evidence of objective functional improvement is supported. A total of up to 18 visits every 6 to 8 weeks may be indicated with evidence of objective functional improvement. Given the lack of subjective or objective improvement with previous utilization of chiropractic treatment, the request for chiropractic re-exam and treatment is not medically necessary or appropriate.

Functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 31-32.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence significant functional deficit upon physical exam of the patient. In addition, there was a lack of a functional capacity evaluation, goals of treatment upon entrance to the multidisciplinary program. Furthermore, the current request does not define time frame, duration of participation in the functional restoration program. The California MTUS indicates, "Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: An adequate and thorough evaluation has been made including baseline functional testing to follow up with the same test and no functional improvement ..." Given all of the above, the request for a functional restoration program is not medically necessary or appropriate.