

Case Number:	CM13-0040690		
Date Assigned:	02/12/2014	Date of Injury:	08/02/2005
Decision Date:	04/23/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 50 year -old female with a date of injury of 08/02/2005. The listed diagnoses per [REDACTED] are: 1) Post lumbar laminectomy syndrome 2) Lumbar facet syndrome 3) Obesity 4) Fibromyalgia 5) Sleep apnea 6) Insomnia 7) Anxiety 8) PTSD According to report dated 10/01/2013 by [REDACTED], the patient presents with chronic back and leg pain. The patient also has medical comorbidities including fibromyalgia, depression, panic attacks, PTSD and chronic insomnia. Treater reports patient is quite disabled and continues to have flashback related to her industrial injury. He has been seen and evaluated continuously by a psychiatrist, but for some reason the patient stop seeing her approximately a couple of years ago. Patient's psychological issues have appeared to have worsened tremendously. She continues to have severe anxiety, insomnia, flashback, anxiety, and panic attacks. Patient also continues to suffer from severe low back pain, in which she takes Oxymorphone with some relief. Treater is requesting inpatient evaluation and treatment at [REDACTED] due to patient's extremely complex psychological issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-PATIENT REHABILITATION FOR COMPREHENSIVE MULTIDISCIPLINARY PROGRAM QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN GUIDELINES, CHRONIC PAIN PROGRAMS (FUNCTIONAL RE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 49 Page(s): 49.

Decision rationale: This patient presents with chronic back and leg pain. The patient also has medical comorbidities including fibromyalgia, depression, panic attacks, PTSD and chronic insomnia. The treater is requesting evaluation and treatment for in-patient rehabilitation for comprehensive multidisciplinary. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, the treater is requesting an evaluation and treatment at [REDACTED]. MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. An evaluation must first take place and address certain issues like motivation to change or negative predictor to success, before treatment is recommended. The request for evaluation and treatment for a functional restoration program is not medically necessary and recommendation is for authorization for an evaluation only.