

Case Number:	CM13-0054712		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2001
Decision Date:	04/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Illinois. 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 58-year-old male who reported an injury on 07/24/2001. The mechanism of injury was noted to be that the patient stepped over construction debris, lost his balance and twisted his back. The patient was noted to be treated with medications and epidural steroid injections. The patient's diagnoses were noted to be chronic pain; radiculitis/radiculopathy, lumbosacral spine; spinal stenosis of the lumbar spine; sacroiliac joint pain; arthropathy of the lumbar facet; degenerative spondylolisthesis; tobacco smoker; mood disorder; history of alcohol abuse and drug abuse as well as a family history of substance abuse; and Reiter's disease. The patient's baseline pain was 4/10 to 5/10, and the pain was 6/10 to 7/10 with activity per the note of 10/22/2013. The patient was treated with multiple epidural steroid injections. The request was made for 6 chronic pain management classes, 6 visits of physical therapy and 2 follow-up visits with the marriage and family therapist for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain management class x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30 - 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30 - 32.

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to indicate that the patient had functional baseline testing. Additionally, as the request was made concurrently with physical therapy, there was an indication that the patient had not exhausted all lower levels of care. Given the above, the request for chronic pain management classes times 6 is not medically necessary.

Physical therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and that 8 to 10 visits may be warranted for the treatment of neuralgia, neuritis and radiculitis. The clinical documentation submitted for review failed to indicate the quantity of sessions that the patient had previously attended. There was a lack of documentation indicating the objective functional benefits to support ongoing therapy. Additionally, the request as submitted failed to indicate the body part that the physical therapy was being requested for. Given the above, the request for physical therapy times 6 visits is not medically necessary.

Two (2) follow-up visits with marriage and family therapist for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention Page(s): 89.

Decision rationale: The clinical documentation submitted for review failed to indicate a necessity for a marriage and family therapist. Additionally, as it was indicated that the patient had undergone prior visits, and the request was for follow-up visits; there was a lack of documentation of objective functional improvement with prior therapy. The California MTUS

Guidelines indicate that the psychological interventions for patients on opioids can include friends or family for individual or group counseling. Given the above and the lack of documentation of objective improvement, the request for 2 follow-up visits with a marriage and family therapist for pain management is not medically necessary.