

Case Number:	CM13-0055104		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2010
Decision Date:	06/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in New York 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 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 reported a date of injury of 04/19/2010. The mechanism of injury is described as lifting boxes at work. Treatment to date includes physical therapy, diagnostic testing, epidural steroid injection on 06/17/10, chiropractic treatment, acupuncture, cervical anterior discectomy and fusion at C5-6 on 06/09/12, aquatic therapy, laminectomy at L5-S1 with total facetectomy with decompression of thecal and nerve root followed by anterior and posterior interbody fusion with placement of instrumentation on 12/07/12, cognitive behavioral therapy, biofeedback and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHRONIC PAIN PROGRAM: Upheld

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

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

Decision rationale: CA MTUS guidelines require the performance of an adequate and thorough evaluation including baseline functional testing so follow up with the same test can note

functional improvement. The submitted records fail to include a pre-program functional capacity evaluation/physical performance evaluation or mental health evaluation to establish baseline levels of functioning as well as current versus required physical demand level. Additionally, the patient's date of injury is over 4 years old. CA MTUS guidelines generally do not recommend chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The request is nonspecific and does not indicate the frequency and duration of the requested program. Therefore, the request for chronic pain program is not medically necessary and appropriate.