

Case Number:	CM13-0056572		
Date Assigned:	12/30/2013	Date of Injury:	08/22/2002
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal Medicine, 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 injured worker is a 60-year-old female who reported an injury on 08/22/2002. The mechanism of injury was a table fell on the injured worker's back. The documentation of 10/25/2013 revealed objectively the injured worker had complaints of pain in the mid back, low back, and right ankle with radiation to the right leg. The pain was associated with tingling and numbness in the right arm, right hand, right leg, and right foot. The pain was noted to be a 6/10 to 7/10. It was indicated the injured worker could walk 2 blocks before having to stop due to pain. It was indicated that the injured worker avoided socializing with friends, physical exercise, performing household chores, participating in recreation, driving, grocery shopping, having sexual relations, or caring for herself because of pain. It was indicated the injured worker had experienced functional decline, but was motivated for a change in condition. The diagnoses included lumbar postlaminectomy, opioid dependence, and chronic pain syndrome. The treatment plan included a multidisciplinary evaluation to evaluate the injured worker as a candidate for a functional restoration program, medications, and a urine drug screen. The documentation of 11/20/2013 regarding an appeal to the non-certification of multidisciplinary evaluation indicated that the injured worker had clearly documented failure of all modes of conservative therapy and surgery. The injured worker had objective functional deficits which were noted in the documentation. There were documented specific goals of the program. The request again was made for an evaluation for a multidisciplinary program.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN PERFORMED ON 10/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a urine drug screen for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had met the above criteria. Given the above, the request for a retrospective urine drug screen performed 10/25/2013 is not medically necessary and appropriate.

MULTIDISCIPLINARY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation, 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. The clinical documentation submitted for review indicated that the injured worker had failed conservative care. The clinical documentation indicated the injured worker was 11 years past the injury. There was a lack of documentation indicating that the injured worker was at risk of delayed recovery due to the length of time since the injury. There was a lack of documentation indicating the injured worker was willing to forego secondary gains including disability payments. It was indicated the injured worker was retired. The request as submitted failed to specify the type of evaluation being requested and whether it included baseline functional testing. Given the above, the request for an evaluation for multidisciplinary program is not medically necessary and appropriate.