

Case Number:	CM13-0059926		
Date Assigned:	04/25/2014	Date of Injury:	03/07/2011
Decision Date:	06/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 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:

This 50-year-old female customer service representative sustained a cumulative trauma injury on 3/7/11 while employed. The request under consideration include a multidisciplinary evaluation. The diagnoses include lumbar spine, cervical spine, thoracic spine sprain/strain; and chronic pain syndrome. It appears the provider has requested for four (4) sessions of cognitive behavioral therapy (CBT) to address behavioral issues that is delaying recovery and function with treatment outcome pending. There is a report dated 5/16/13, noting patient with complaints of the neck, mid back, low back and left lower extremity pain rated at 5/10. The medications listed are Motrin and Pamelor. It was noted that the patient was made permanent and stationary (P&S), and continues to have radiating back pain into the left lower leg with numbness and tingling and difficulty sleeping. The treatment was to proceed with a CBT evaluation, trial of neurontin, and continue with home exercise. The cognitive behavioral consultation report of 6/18/13, noted the patient working under modified duties; report of moderate effectiveness with non-narcotic medication and psychotherapy, low effectiveness with physical therapy, and no effectiveness with injections. It was noted that the patient has diffuse and an unusually high level of somatic symptoms and the profile suggest that she is coping with the emotional stress fairly well. The profile also suggest that factors in psychosocial environment such as secondary gain offset the emotional distress that may otherwise be expected. The treatment recommendation was to proceed with the cognitive behavioral treatment (CBT) that was authorized. The review indicated that an additional four (4) sessions of CBT was authorized on 11/20/13. The report of 12/16/13, noted the patient with neck and back pain; she has been taking Motrin one (1) tablet a day as needed along with Neurotin 300 mg daily with 95% improvement in sleep and her work duties. An exam revealed a blood pressure of 137/92 and neck with decreased painful range and tenderness on palpation. The diagnoses were lumbar sprain/strain; chronic pain syndrome; and

cervical disc degeneration. The plan was to continue with CBT and reconsider (multidisciplinary evaluation) MDE after determining the response from the additional CBT treatment. The request for a multidisciplinary evaluation was non-certified on 11/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-34, 49.

Decision rationale: The Chronic Pain Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one (1) other rehabilitation oriented discipline. The criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. It does not appear that the patient has met the criteria for a functional restoration program. The patient continues treatment with cognitive behavioral therapy (CBT), which the patient has reported with great effectiveness, has minimal dosing and the intake of a non-steroidal anti-inflammatory drug (NSAID), with 95% relief of symptoms to allow her to continue working full time. Submitted reports have not adequately demonstrated any specific limitations in activities of daily living (ADLs), sleep deprivation, or significant pain complaints. Additionally, the patient has expressed low effectiveness from previous therapy received and has been deemed permanent and stationary (P&S). The medical necessity and criteria to support for a multidisciplinary evaluation has not been established. The multidisciplinary evaluation is not medically necessary and appropriate.