

Case Number:	CM13-0063259		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2012
Decision Date:	04/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine, Pulmonary Diseases 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 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 24 year old male who reported an injury on 06/22/2012. The mechanism of injury was being hit by a falling box of lettuce. The patient immediately experienced pain in his neck and lower back, for which he originally received chiropractic therapy, physical therapy, and acupuncture. The patient reported chiropractic care to be moderately helpful, physical therapy to be very helpful, and acupuncture to be not at all helpful. Despite these conservative interventions, the patient continued to complain of pain with accompanying numbness and tingling. An EMG/NCV performed on 08/28/2012 of both the bilateral upper and lower extremities, found no evidence of radiculopathy or peripheral neuropathy. The patient later received an MRI of the cervical spine on 09/20/2012 that revealed narrowing of the ventral subarachnoid space at C3, C4, and C5, in flexion only. A lumbar MRI performed on the same date revealed partial sacralization of L5 and S1, straightening of the lumbar lordosis, and a tear of the annulus fibrosis at L4-5. The patient was unable to gain any more relief from extended chiropractic care and was referred for a pain management consultation in 04/2013. It was noted in 05/2013 that the patient had excessive subjective complaints that were not validated by objective findings. The patient was placed on work modifications and returned to employment at 4 hours daily. Despite conservative interventions and lack of objective findings, the patient continues to complain of pain that limits his function. The most recent detailed physical examination is dated 09/21/2013, and revealed the patient's cervical flexion to be 30 degrees, extension of 40 degrees, rotation 60 degrees, and a negative Spurling's test. Lumbar range of motion included 0 degrees of extension, 20 degrees of flexion, right and left lateral bending of 15 degrees, and intact sensation with a negative straight leg raise. It was also noted on this date that there may be some symptom magnification versus fear avoidance, as his subjective complaints have no correlation to objective findings. In a 10/02/2013 clinical note, the patient was

reportedly reconditioned; however, there were no quantitative values given to identify the extent of his muscle weakness or functional deficits. It was also noted that the patient had recently received a course of individual psychotherapy; however, there were no notes detailing its benefits. There was no other pertinent information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with [REDACTED] pain program (1 day, 8 hours): Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend that certain criteria be met prior to participation in a chronic pain program. These criteria include the performance of an adequate and thorough evaluation, including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant improvement; the patient has a significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. The clinical information submitted for review included baseline functional testing that provided range of motion values; however, there was no discussion regarding muscle strength. The clinical records also indicate that previous methods of treating his chronic pain, notably chiropractic and physical therapy, have been beneficial; however, there is no indication that the patient has continued with a home exercise program. The patient is currently not a candidate for surgery as there has been no objective and/or operative cause for his pain complaints. In addition, the patient has not experienced a significant loss of ability to function independently, as the clinical notes submitted state that he is currently working modified duties, 4 hours daily. The appeal letter dated 12/06/2013 reported that the patient is motivated to change as he is eager to return to work at full capacity; however, there was no discussion of his negative predictors for success. The patient currently smokes, has high levels of psychosocial distress, and there was no discussion regarding poor work adjustment, negative outlook about future employment, or prevalence of medication use. In addition, there were no psychosocial treatment notes available for review to indicate whether or not the patient had received benefit from his individual psychotherapy. As such, the medical necessity of this request has not been established and, therefore, the evaluation with [REDACTED] pain program (1 day, 8 hours) is non-certified.