

Case Number:	CM13-0070906		
Date Assigned:	01/08/2014	Date of Injury:	10/29/2010
Decision Date:	06/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41-year-old female who reported injury on 10/29/2010. The mechanism of injury was the injured worker was assisting a nurse repositioning a patient. When she squatted down to tie a hand restraint and stood up she heard a pop and felt a severe pain in the right hip. The documentation of 12/02/2013 revealed the injured worker had participated in 10 sessions and had made significant improvement with substantial functional gains in the multidisciplinary treatment setting. It was indicated the injured worker had made 40% to 75% improvement in lifting, 40% improvement in carrying, and 50% improvement in push/pull and 30% in sit to stand. It was indicated the injured worker had a 60% reduction in symptoms of depression per the Beck Depression Inventory 2 and 80% reduction in symptoms of anxiety per the Beck Anxiety Inventory. The diagnosis included lumbar sprain and strain. The treatment plan included 20 additional sessions of a Multidisciplinary Pain Rehabilitation Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION IN THE MULTIDISCIPLINARY PAIN REHABILITATION PROGRAM (20 DAYS): 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): 32.

Decision rationale: The California MTUS Guidelines indicate that chronic pain programs are not suggested for treatment longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Additionally, the total treatment duration should not exceed 20 full day sessions. The treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations required individualized care plans and proven outcomes and should be based on the chronicity of disability and other known risk factors for loss of function. Additionally, the clinical documentation submitted for review indicated the injured worker had participated in 10 sessions. The documentation indicated that each session was 6 patient contact hours for 5 days a week, or 30 patient contact hours. California MTUS Guidelines recommend total treatment should not exceed 20 full day sessions. There is lack of documentation of a clear rationale for a specified extension and there is a lack of documentation of proven outcomes. Therefore, the request for continuation in the multidisciplinary pain rehabilitation program 20 days is not medically necessary and appropriate.