

Case Number:	CM14-0004540		
Date Assigned:	02/05/2014	Date of Injury:	03/21/2009
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational 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 patient is a 55-year-old male who has submitted a claim for Chronic Pain Syndrome, Lumbar Radiculopathy, Opiate Dependence, Cannabis Dependence, Sleep Disorder, Major Depression, Alcohol Dependence - in remission, and Benzodiazepine Dependence - in remission, associated with an industrial injury date of March 21, 2009. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain radiating to the right hip and leg with increasing limitation of range of motion. The patient was reported to be using street drugs due to a perceived need for pain control. Past psychiatric history revealed anxiety, depression, and alcoholism. On physical examination, the patient was oriented, alert, and appeared well kempt. There was tenderness of the lower lumbar region, right worse than the left. Straight leg raise test was positive bilaterally. Treatment to date has included medications, physical therapy, lumbar laminectomy and discectomy at L3-4, injections, and L3-4 fusion. Utilization review from January 6, 2014 denied the request for multidisciplinary program because guideline criteria were not met and the date of injury is more than two years old, which is associated with poorer outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY PROGRAM (H0008): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 31-32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 31-32.

Decision rationale: According to pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, a multidisciplinary treatment program was requested for detoxification, stabilization, and functional restoration. However, the medical records failed to provide an adequate and thorough evaluation especially with regard to the patient's recreational drug use and drug dependence issues. Furthermore, there was no discussion regarding absence of other treatment options or loss of the patient's ability to function independently. Negative predictors of success were also not addressed. The criteria were not met. Therefore, the request for MULTIDISCIPLINARY PROGRAM (H0008) is not medically necessary.