

Case Number:	CM14-0006099		
Date Assigned:	03/03/2014	Date of Injury:	09/19/2011
Decision Date:	07/02/2014	UR Denial Date:	12/09/2013
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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic pain syndrome, myalgias, and myositis of various body parts reportedly associated with an industrial injury of September 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and an earlier lumbar laminectomy surgery. In a Utilization Review Report dated December 9, 2013, the claims administrator denied a request for a one-day interdisciplinary pain management evaluation. The claims administrator stated that the applicant was not a candidate for a chronic pain management program as the applicant could theoretically employ other treatments. An October 18, 2013 progress note is notable for comments that the applicant was status post earlier L4-L5 diskectomy. The applicant was apparently contesting a previously denied MRI. The applicant was using Flexeril, Motrin, and Tramadol for pain relief. Tramadol and topical Terocin patches were apparently refilled. The applicant was asked to continue home exercises. The applicant was receiving physical therapy on PT notes as late as November 14 and November 19, 2013. It appeared that the applicant was discharged from physical therapy on November 19, 2013. It was stated on that date that no further treatment was needed and that the applicant had met 85 to 90 to 100% of goals. In progress note dated December 11, 2013, the applicant was described as reporting persistent low back pain. The applicant was off of work, on total temporary disability, it was stated at that point. Cyclobenzaprine, Motrin, Tramadol were renewed. It was incidentally noted that the multidisciplinary evaluations have been denied. On December 26, 2013, the attending provider appealed the previously denied multidisciplinary pain management program evaluation. Little or no rationale was attached; however, the MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DAY INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Medical Practice Guidelines, Reed Group/The Medical Advisor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32; 6, Postsurgical Treatment Guidelines.

Decision rationale: While page 6 of the Chronic Pain Medical Treatment Guidelines does state that if an applicant is prepared to make the effort, then an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. In this case, however, there is no evidence that the applicant is willing to make the effort to try and improve. There is no evidence the applicant is willing to forgo total temporary disability payments in an effort to improve which, per page 32 of the Chronic Pain Medical Treatment Guidelines, is one of the cardinal criteria for pursuit of a multidisciplinary pain management program. It is further noted that page 32 of the Chronic Pain Medical Treatment Guidelines states that another criteria for pursuit of chronic pain programs include evidence that previous methods of chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, however, the applicant is pursuing a repeat lumbar MRI, the applicant may in fact consider repeat lumbar spine surgery there are other treatments likely to result in significant improvement here. Therefore, the request for a one-day interdisciplinary pain management evaluation is not medically necessary, for all of the stated reasons.