

Case Number:	CM14-0104874		
Date Assigned:	07/30/2014	Date of Injury:	09/23/2011
Decision Date:	09/26/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in California 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 36-year-old female with a date of injury of 09/23/2011. The listed diagnoses per [REDACTED] are chronic pain syndrome, urinary incontinence, not otherwise specified, constipation, insomnia, cervicalgia and low back pain. According to progress report 06/19/2014, the patient presents with chronic pain syndrome secondary to myofascial pain with worsening of anxiety. Physical examination noted patient walks with assistance of a cane. On manual muscle testing, strength of the lower limb is 4/5 for the hip flexors, knee extensors, knee flexors, ankle plantar flexors, and ankle dorsiflexor muscle groups. Patient's medication regimen includes Robaxin 750 mg, Klonopin 0.5 mg, Pamelor 50 mg, Relafen 750 mg, Senokot 8.6/50 mg, and Ditropan 5 mg. Provider is requesting authorization for "two times a week for four weeks of pain management counseling, at the [REDACTED] location, with a [REDACTED] program's qualified mental health professional." Utilization review denied the request on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 31, 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: This patient presents with chronic pain syndrome secondary to myofascial pain with worsening of anxiety. The provider is requesting "two times a week for four weeks of pain management counseling, at the [REDACTED] location, with a [REDACTED] program's qualified mental health professional." Utilization review denied this request stating, "Participation in a chronic pain management program is not supported in individuals who have been unable to work or are greater than two years out from their injuries." The MTUS page 30 to 33 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, an evaluation has not taken place. MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. MTUS does allow "counseling," or psychological counseling for opiate management but this request is not for opiates management, nor for psychological intervention. The request appears closer to a type of out-patient, limited functional restoration counseling. Therefore the request is not medically necessary.