

Case Number:	CM14-0105052		
Date Assigned:	08/04/2014	Date of Injury:	05/26/2010
Decision Date:	10/08/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 68 year old employee with date of injury of 5/26/2010. Medical records indicate the patient is undergoing treatment for myofascial pain syndrome, myofascial spasm, lumbar disc degeneration and lumbar spondylosis. Subjective complaints include pain in low back radiating down his right leg and bilateral thighs. He says the Cymbalta caused increased anxiety and headaches. Despite medication he has increases in pain and limited functionality. He rates his pain as 8/10 but may decrease to 6 at times. His pain is present 75% of the time and is described as shooting, pins, needles and aching. Objective findings include myofascial restrictions in the lumbar region which radiate to the thoracic and gluteal area. His strength is pain limited. Treatment has consisted of PT, home exercise, lumbar epidural steroid injection, and trigger point injection, Flector, Cymbalta, Norco, Novolog, Metformin, Simvastatin, Glimepiride, Hydrochlorothiazide, Enalapril, Duloxetine and Ibuprofen. The utilization review determination was rendered on 6/19/2014 recommending non-certification of a HELP program interdisciplinary pain rehabilitation program - 80 hours over 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Program Interdisciplinary Pain Rehabilitation Program - 80 hours over 3 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program, Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs

Decision rationale: MTUS states, "Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (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) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." Official Disability Guidelines (ODG) states concerning chronic pain programs, "(e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function." While the treating physician does document the use of opioids and anti-depressants, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. As such, the request for HELP Program interdisciplinary pain rehabilitation program - 80 hours over 3 weeks is not medically necessary.