

Case Number:	CM14-0013254		
Date Assigned:	07/02/2014	Date of Injury:	08/09/2005
Decision Date:	08/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/03/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/09/05 when she developed a pulling sensation and pain in her low back while working as a housekeeper as she lifted 50-60 pounds of towels and bed sheets and loaded them into a washing machine. A psychological assessment references diagnoses of major depression and anxiety with a Global Assessment of Functioning (GAF) of 53 which is consistent with moderate difficulty in social or occupational functioning including conflicts with peers or co-workers. Testing included an MRI of the lumbar spine on 09/22/10 showing findings of an L5-S1 central disc protrusion with bilateral foraminal narrowing. She underwent a lumbar decompression and fusion as a staged procedure on 09/01/11 and 09/15/11. She developed postoperative complications and has been treated for bacterial meningitis and infection likely due to her surgery requiring hospitalization and intravenous antibiotics. Her past medical history includes bilateral deep vein thromboses, anemia, cirrhosis, vitamin D deficiency, and diabetes. On 12/17/13 her headaches had improved but she had ongoing constipation related to her medications. On 01/22/14 she was having neck pain and low back pain radiating into the extremities. Pain was rated at 8-10/10. She was limited in activities of daily living including self care and hygiene. Physical examination findings included appearing in moderate distress and she had an antalgic and slow gait using a walker. There was lumbar paraspinal muscle spasm with tenderness and abdominal tenderness. Lab testing and imaging results were reviewed. Medications being prescribed were Percocet 10/325 mg #120, MS Contin 30 mg #90, Lidoderm, Lyrica 75 mg #60, aspirin, Fluoxetine 20 Mg #120, Gabapentin 300 mg #30, Metformin, Pantoprazole, Senna/Docusate, Tizanidine 2 mg #30, Zolpidem 10 mg #30, iron, and vitamin D. She was seen by the requesting provider on 01/20/14. She was having ongoing back and radiating leg pain. There had been no benefit with a spinal cord stimulator. She

was continuing to take high dose narcotics. Physical examination findings included diffuse left lower extremity weakness with skin changes and hypersensitivity. She had an antalgic gait and was using a walker. Surgery for removal of hardware was a remote consideration. Recommendations included authorization for an evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DAY MULTIDISCIPLINARY EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) , Functional restoration programs Page(s): 30-32, 49.

Decision rationale: The claimant has a history of a work injury occurring nearly 10 years ago. She underwent lumbar spine fusion surgery nearly three years ago which was significantly complicated by infection requiring hospitalization and treatment for bacterial meningitis. She has failed multiple conservative treatments including a spinal cord stimulator trial which is considered a palliative treatment for patients with chronic pain with diagnoses of failed back surgery syndrome or Complex regional pain syndrome (CRPS), both of which are supported by her history and by examination findings. She has diagnoses of major depression and anxiety and is limited in activities of daily living including self care and hygiene. Functional restoration programs are recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation. Such as, the one day multidisciplinary evaluation is medically necessary.