

Case Number:	CM14-0017573		
Date Assigned:	06/11/2014	Date of Injury:	08/11/2011
Decision Date:	08/08/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 is licensed to practice in Oklahoma and Texas. 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 injured worker is a 36-year-old female who reported an injury on 08/2011 due to carrying a load of trays and twisting her back. The injured worker had a history of back pain and bilateral radicular leg pain with a diagnosis of chronic pain syndrome and thoracic/lumbar sacral neuritis and/or radiculitis. The past surgical procedures included a fusion to the lumbar spine due to instability on 03/12/2012. The past treatment included physical therapy prior to surgery and after surgery with a date of 07/12/2013, TENS unit, and aqua therapy. The medication included Dilaudid 4 mg, OxyContin 40 mg, Percocet 10 mg/325 mg, Soma 350 mg, and Valium 10 mg. The injured worker reported her pain a 4/10 at best and at 9/10 at the worst, using the VAS scale. The objective findings dated 01/13/2014 revealed the injured worker was able to ambulate without an assistive device, independent with ADLs and function, reflex was diminished bilaterally at the knees and ankles, sensation is intact to light touch, neurological was within normal limits, straight leg rise was a positive bilaterally. Per the treatment plan dated 01/13/2014 included was continue medication regimen, electromyogram/ nerve conduction study to the bilateral lower extremities and continue exercises as tolerated at her local gym. The authorization form dated 06/11/2014 was found within the documentation. The rationale for comprehensive pain program was not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR COMPREHENSIVE PAIN PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Chronic Pain Programs Page(s): 30, 31.

Decision rationale: The California MTUS Guidelines indicate that an out-patient pain rehabilitation program may be considered medically necessary when all of the following criteria has been met and thorough evaluation has been made including baseline functional testing, so follow up with the same test can note the functional improvement. The previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to resolve the significant clinical improvement. The patient has lost the ability to function independently resulting from the chronic pain. The patient is not a candidate for surgery or other treatments could clearly be warranted. A trial of 10 visits may be implied to assess whether surgery may be avoided. Documentation provided, there was no evidence that all other treatments have failed. The injured worker currently goes to the local gym for exercise, independent with all ADLs and continues with her pain management with the VAS was evident of some effectiveness. The notes indicate that there is a recommendation for pool therapy and along with physical therapy. As such, the request is non-certified.