

Case Number:	CM14-0018438		
Date Assigned:	04/18/2014	Date of Injury:	12/31/1993
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation, 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 60-year-old who was injured on December 31, 1993. The mechanism of injury is unknown. Prior treatment history has included (list prior treatments). The patient underwent right-sided hemilaminotomy of L3, right-sided hemilaminotomy of L4, intraoperative use of microscope and intraoperative use of fluoroscopy for level placement on August 28, 2013. The patient's medications as of January 29, 2014 include Enalapril maleate 20 mg, Colace 100 mg capsule, Augmentin oral, clonazepam, Flexeril 10 mg, Wellbutrin SR 150 mg, Norco 10-325 mg, Xopenex HFA 45 mcg, Doxepine, Soma 350 mg, Zetia 10 mg tablet, lorazepam 1 mg, HCTZ and omeprazole 20 mg. Comprehensive drug analysis dated October 22, 2013 confirmed positive results for clonazepam, Norco, and Soma; Flexeril-cyclobenzaprine was negative. Diagnostic studies review include x-rays of the lumbar spine, 6 views, dated January 24, 2014 did not show any significant loss of disc space, spondylolisthesis or fracture. Visit note dated January 29, 2014 indicates the patient presents for lumbar follow-up. He presents with back pain. He describes symptoms as constant, dull, sharp, and radiating pain and they remain unchanged. The symptom is alleviated by rest, changing positions, and medication. The symptoms are exacerbated by all physical activities. Previous treatments include medications and surgery. The lumbar spine has no deformity, erythema, soft tissue swelling, ecchymosis, or atrophy. There is moderate tenderness present at the left lower lumbar paraspinal muscles and severe tenderness present at the right lower lumbar paraspinal muscles. The patient is diagnosed with back pain, lumbar degenerative disc disease, radiculitis, and spinal stenosis without neurogenic claudication, lumbar radiculopathy, sciatica, and spine degenerative joint disease. The treatment and plan includes Norco 10/325 mg 6 per day #42 for a week supply. He was also prescribed Baclofen 10 mg 1 tab tid prn #90. He has been recommended for referral to a more comprehensive facility to help him to cope with this chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO [REDACTED] REHAB CLINIC FOR CHRONIC PAIN REHAB:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CRITERIA FOR THE GENERAL USE OF MULIDISCIPLINARY PAIN MANAGEMENT PROGRAMS, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAM, 30-32

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, chronic pain program is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The guidelines state criteria for the patient to be eligible for the 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". The available medical records do not indicate the inability of the patient to function independently due to pain. On the other hand, there is no documentation regarding a baseline functional assessment to be tracked in order to assess the functional improvement after being engaged in the program. The request for referral to [REDACTED] Rehab Clinic for chronic pain rehab is not medically necessary or appropriate.