

Case Number:	CM14-0019774		
Date Assigned:	04/28/2014	Date of Injury:	08/07/1996
Decision Date:	07/08/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 66-year-old male with a work injury dated 8/7/96. His diagnoses include lumbar radiculitis, right shoulder rotator cuff syndrome s/p arthroscopic decompression, right knee internal derangement, s/p arthroscopic surgery, chronic pain syndrome, opioid dependence. There is a request for a referral to a multidisciplinary evaluation. There is a 2/19/14 document from the patient's physician appealing a denial for an evaluation into a multidisciplinary program. The document states that the patient has received three to four lumbar epidural steroid injections which were not effective. He has had 12 sessions of physical therapy, which did not provide any relief. He underwent right knee and right shoulder arthroscopic surgeries in 2011 and 2012 but still remains symptomatic despite extensive physical therapy postoperatively over 40 sessions, with little to no improvement. He remains functionally impaired and feels he is getting worse. He is frustrated over his dependence of analgesic medications, which cause adverse side effects, but he is unable to function at all without them. He would like to stop using Oxycontin if he could improve. The patient has significant limitations with activities of daily living and self-care activities. He takes Oxycontin 20 mg bid, cyclobenzaprine 7.5 mg bid and naproxen 550 mg q.d. These medications are stated to provide suboptimal pain relief. He reports a depressed mood. On physical exam, the patient appears depressed and deconditioned. He has a flat affect and depressed mood. He ambulates with an antalgic gait pattern and movements are guarded. He exhibits significant problems with balance and appears to have become quite deconditioned through more stabilizing muscle groups. The examination of the cervical spine reveals full range of motion and negative Spurling's maneuver bilaterally. Examination of the right shoulder reveals decreased range of motion with tenderness to palpation over the posterior aspect of the shoulder. There is a positive drop arm test. Examination of the lumbar spine reveals decreased range of motion with tenderness to palpation over the bilateral lumbar

paraspinal muscles. There is positive lumbar facet loading maneuver bilaterally. There is positive straight leg raise test in the seated and supine position to 50 degrees. Motor strength is 5/5 and symmetric throughout the bilateral upper and lower extremities, except 4+/5 on right shoulder abduction. There is diminished sensation in the bilateral L5 and S1 dermatomes of the lower extremities. Reflexes are symmetric at 1+/4 in the bilateral upper extremities and 1+/4 in the bilateral lower extremities. The patient's physician states that the patient failed all forms of conservative therapy and is not a surgical candidate. He is suffering from poorly controlled pain and is experiencing significant adverse side effects with analgesic medications. The providing physician states that the patient is an excellent candidate for multidisciplinary functional restoration program. The goal of return to work was not a goal the physician states because the patient is retired. The goals are to provide him with independent self-management tools, reduce and if possible eliminate Flexeril and Oxycontin .

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR A MULTIDISCIPLINARY EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The documentation indicates that the patient has chronic pain with difficulty in activities of living without other options likely to result in clinical improvement (including surgery). The documentation indicates that the patient would like to reduce or discontinue his opioids and is depressed from his chronic pain. A referral for an evaluation is not a guaranteed entry into the program, but rather an assessment of whether or not the patient is an appropriate candidate. The request for a referral to multidisciplinary evaluation is medically necessary.