

Case Number:	CM14-0123306		
Date Assigned:	08/08/2014	Date of Injury:	11/27/2013
Decision Date:	12/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 23 year old male with an industrial injury sustained on November 27, 2013 from slipping on a greasy floor landing and on his back. He is complaining of lumbar pain that comes and goes with occasional pain radiating to the left lateral hip area, this was noted in the new patient consultation note dated 03/28/2014 narrated by primary physician. The injured worker was seen on July 29, 2014, for a follow up and at that time the complaints included axial back. Also noted the injured worker reports legs going numb after sitting for forty-five minutes to an hour in a chair and numbness in his legs after walking about one hour. The physical exam was within normal limits. The note states the lumbar exam was deferred secondary to anger issues. The diagnosis was lumbar disc displacement without myelopathy and sprain/strain lumbar region. The plan of care included discontinues all medications and request an initial evaluation for Functional Restoration Program. The work status of the injured worker is not permanent and stationary, he is considered total temporary disabled if modified work is not available. Diagnostic studies included electromyogram (EMG) of bilateral lower extremities which was noted to be abnormal with S1 lumbosacral radiculopathy, L5 lumbar radiculopathy and no myopathy, no polyneuropathy and no lumbosacral plexopathy. A Magnetic resonance imaging (MRI) was completed on February 7, 2014 showing intervertebral disc desiccation at L5-S1 associated with a slight posterior disc bulge, but does not result in any significant central canal or neural foraminal stenosis. Past treatment included medication, interlaminar epidural steroid injection at L5-S1 without good effect and Physical therapy that was approved for twelve visits and per provider note on July 29, 2014 the injured worker thought he had attended seven or eight sessions with no relief. The utilization review on August 1, 2014 denied the request for Functional Restoration Program that was requested on July 31, 2014 by the primary care physician. The denial was based on the California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic Pain Programs

Decision rationale: With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). I respectfully disagree with the UR physician's denial based upon the injured worker's refusal to receive medication management from a psychiatrist. Per the documentation submitted for review, the injured worker stated he was not anxious or depressed and did not want to take antidepressants or any other psychiatric medication. The injured worker failed conservative treatment with physical therapy, only partially completing 12 sessions as they were ineffective and he was informed by the physical therapist that no more PT was authorized. The injured worker meets the criteria for the use of a multidisciplinary pain management program, the request is medically necessary.