

Case Number:	CM14-0128748		
Date Assigned:	08/18/2014	Date of Injury:	04/15/2009
Decision Date:	09/18/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation, 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 45-year-old male who reported an injury due to a twisting motion on 04/15/2009. On 04/15/2014, his diagnoses included lumbar sprain/strain, left L5-S1 facet syndrome, left S1 joint dysfunction, and status post L2-3 discectomy/laminectomy. The treatment plan and rationale stated that this worker should participate in a chronic pain program both for purposes of optimizing his analgesic dosing, that is reducing his opioids to the lowest level possible, hopefully extinction, and simultaneously maximizing his functional status. "This type of interdisciplinary program would allow the worker the ability to be less reliant on narcotics and the analgesic adjuncts and more reliant on the psychological benefits learned from behavior modification therapy". A request for authorization dated 08/04/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Performance Evaluation (per unit) QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Chronic pain programs (functional restoration programs); Evaluation of Psychosocial Factors Page(s): 30 - 34.

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

Decision rationale: The request for physical performance evaluation (per unit) QTY: 10 is not medically necessary. Chronic pain programs may be recommended for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and to return to work, and to meet the patient selection criteria. The criteria include that an adequate and thorough evaluation had been made including baseline functional testing. The previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from chronic pain. The patient is not a candidate for surgery or other treatments would clearly be warranted. It was noted in the submitted documentation that a spinal cord stimulator implantation was considered but could not be done because of a low cortisol level. As of 08/05/2014, his cortisol level has come up to the normal level so a spinal cord stimulator implantation was being reconsidered. There was no documentation that this worker had a significant loss of ability to function independently because of his chronic pain. The clinical information submitted failed to meet the evidence based guidelines for a physical performance evaluation. Therefore, this request for physical performance evaluation (per unit) QTY: 10 is not medically necessary.

Chronic pain program per session QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Chronic pain programs ; Criteria for the General Use of Multidisciplinary Pain Management programs Page(s): 31 - 32.

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

Decision rationale: The request for chronic pain program per session QTY: 20 is not medically necessary. Chronic pain programs may be recommended for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and to return to work, and to meet the patient selection criteria. The criteria include an adequate and thorough evaluation had been made including baseline functional testing. The previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from chronic pain. The patient is not a candidate for surgery or other treatments would clearly be warranted. It was noted in the submitted documentation that a spinal cord stimulator implantation was considered but could not be done because of a low cortisol level. As of 08/05/2014, his cortisol level has come up to the normal level so a spinal cord stimulator implantation was being reconsidered. There was no documentation that this worker had a significant loss of ability to function independently because of his chronic pain. The clinical information submitted failed to meet the evidence based guidelines for a physical performance evaluation. Therefore, this request for chronic pain program per session QTY: 20 is not medically necessary.

