

Case Number:	CM14-0130102		
Date Assigned:	08/20/2014	Date of Injury:	04/17/2003
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 48-year-old female who reported an injury on 04/17/2003. The mechanism of injury was not provided. On 02/27/2014, the injured worker presented with back pain. Upon examination of the lumbar spine, there was decreased range of motion, tenderness and pain. There was normal sensation and normal reflexes. The diagnoses were lumbar disc degeneration, spondylolisthesis and history of lumbar fusion. Prior therapy included physical therapy, NSAIDS, narcotics, muscle relaxants, and a lumbar epidural steroid injection. The provider recommended a multidisciplinary pain management program. The provider's rationale was not provided. The request for authorization form was not included in the medical documents provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Pain Management Program thru PM&R QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-34.

Decision rationale: The request for a multidisciplinary pain management program through PMR quantity 1 is not medically necessary. The California MTUS Guidelines recommend functional restoration programs depending on identification of injured workers that may benefit from early intervention via a multidisciplinary approach. The likelihood of return to work diminishes significantly after approximately a few months. It is being suggested that interdisciplinary programs are for treatment prior to the development of permanent disability, and this must be at a period of no later than 3 to 6 months after a disabling injury. The injured worker's date of injury exceeds the guideline recommendations for a multidisciplinary program. Additionally, there is no discussion addressing any negative predictors or what motivation there is to improve. There is lack of documentation of the injured worker's functional capacity, the lack of detailed documentation of functional ability, the motivational attitude, and exploration of negative predictors for success. The provider's request does not indicate the frequency of the multidisciplinary pain management program in the request as submitted. As such, medical necessity has not been established.

Multidisciplinary Pain Management Group sessions QTY #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs, Page(s): 30-34.

Decision rationale: The request for multidisciplinary pain management group sessions quantity 12. The California MTUS Guidelines recommend functional restoration programs depending on identification of injured workers that may benefit from early intervention via a multidisciplinary approach. The likelihood of return to work diminishes significantly after approximately a few months. It is being suggested that interdisciplinary programs are for treatment prior to the development of permanent disability, and this must be at a period of no later than 3 to 6 months after a disabling injury. The injured worker's date of injury exceeds the guideline recommendations for a multidisciplinary program. Additionally, there is no discussion addressing any negative predictors or what motivation there is to improve. There is lack of documentation of the injured worker's functional capacity, the lack of detailed documentation of functional ability, the motivational attitude, and exploration of negative predictors for success. The provider's request does not indicate the frequency of the multidisciplinary pain management program in the request as submitted. As such, medical necessity has not been established.