

Case Number:	CM14-0152172		
Date Assigned:	09/22/2014	Date of Injury:	09/17/2002
Decision Date:	10/22/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46-year-old male with a 9/17/02 date of injury. At the time (8/29/14) of request for authorization for 1 day interdisciplinary pain management evaluation, there is documentation of subjective (chronic moderate to severe low back pain radiating to the bilateral lower extremities and into the feet with numbness, tingling and weakness; difficulty performing activities of daily living; depression, anxiety, and insomnia) and objective (absent Achilles and patellar reflexes bilaterally, decreased sensation in the right lower extremity, tenderness over the midline of the lumbar spine, positive straight leg raise bilaterally, and pain with lumbar extension) findings, current diagnoses (psychophysiologic disorder, psychalgia, low back pain, sciatica, chronic pain syndrome, and muscle spasm), and treatment to date (medication, physical therapy, acupuncture, and cognitive behavioral therapy). Medical report identifies that the patient is scheduled for a lumbar facet injection on 9/12/14; that the patient recently started physical therapy with a request to continue therapy; and that the patient is motivated to return to work. There is no documentation of an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery or other treatments would clearly be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DAY INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION: Upheld

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 (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that 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 the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of psychophysiologic disorder, psychalgia, low back pain, sciatica, chronic pain syndrome, and muscle spasm. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. However, given documentation that the patient is scheduled for a lumbar facet injection on 9/12/14; and that the patient recently started physical therapy with a request to continue therapy, there is no documentation of an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery or other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for 1 day interdisciplinary pain management evaluation is not medically necessary.