

Case Number:	CM14-0180045		
Date Assigned:	11/04/2014	Date of Injury:	09/12/2002
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational 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:

This is a 43-year old female patient with a date of injury on 9/12/2002. The mechanism of injury occurred when the patient was getting into a car while placing briefcases in the backseat. Subsequently, the patient felt severe pain in her upper back and an ability to breathe. In a progress noted dated 9/8/2014, the patient complained of continuous thoracolumbar spine pain with right side greater than left. Pain was rated 8/10, and it radiated down her rib cage and chest. The patient also reported symptoms of depression, anxiety, and insomnia. She suffered from urinary incontinence, and she self-catheterized herself four times a day. She had fecal incontinence symptoms as well. Objective findings include mild muscle guarding in cervical spine; positive axial head compression in the cervical spine; longitudinal midline incision in thoracic spine; and diffuse significant muscle guarding and tenderness in the thoracic spine. The diagnostic impression showed thoracic myelopathy, history of thoracic discectomy x 2 in 2004, adjustment disorder with depressed mood, and dental injury with xerostomia and dental loss. Treatment to date includes medication management, behavioral modification, surgery, epidural steroid injections, and physical therapy. A UR decision dated 10/2/2014 denied the request for admission to multidisciplinary spinal rehabilitation program and updated lab studies including CBC, BMP, LFT, BSR, and CRP. Regarding admission to multidisciplinary spinal rehabilitation program, it was unclear what type of program was being requested at that time. The medical records discussed goals of spinal rehabilitation, functional restoration, and formal drug detoxification. It was unclear which if any of these are being proposed and it was unclear to what extent the patient's neurological deficits were acute versus chronic. Regarding updated lab studies including CBC, BMP, LFT, BSR, CRP, the medical records did not provide a rationale for those requests. Treatment to date: medication management, behavioral modification, surgery, epidural steroid injections, physical therapy. A UR decision dated

10/2/2014 denied the request for Admission to Multidisciplinary Spinal Rehabilitation Program and updated lab studies including CBC, BMP, LFT, BSR, and CRP. Regarding Admission to Multidisciplinary Spinal Rehabilitation Program, it was unclear what type of program was being requested at that time. The medical records discussed goals of spinal rehabilitation, functional restoration, and formal drug detoxification. It was unclear which if any of these are being proposed and it was unclear to what extent the patient's neurological deficits were acute versus chronic. Regarding updated lab studies including CBC, BMP, LFT, BSR, CRP, the medical records did not provide a rationale for those requests, and it was not possible to identify a guideline in support of this request without additional details regarding the clinical reasoning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Admission to multidisciplinary spinal rehabilitation program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, in a 9/8/2014 progress report, it was unclear what condition specifically this request was for. The recommendation listed that rehabilitation goals were to address thoracic myelopathy, incontinence, and weaning of narcotics. This patient was also noted to require evaluation for dental restoration surgery. Furthermore, the patient suffered from depression, anxiety, and insomnia, and there was no discussion regarding how potential motivational issues would be addressed. Therefore, this request is not medically necessary.

Updated lab studies including CBC, BMP, LFT, BSR, CRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 & 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article: 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. A search of online resources found the article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings,' which states that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, in the 9/8/2014 progress report, the intended purpose of this request was unclear. Based on the lack of documentation, this request is not medically necessary.