

Case Number:	CM14-0182599		
Date Assigned:	11/07/2014	Date of Injury:	07/13/2013
Decision Date:	12/11/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice 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 58-year-old male claimant sustained a work injury on July 11, 2013 involving the neck, back, left leg and left arm. He lumbar disc protrusion with mild neuroforaminal narrowing at L4-5 He had previously undergone a hemi- laminectomy at L4- 5. He had used Naproxen for pain relief. He had undergone physical therapy but made him feel worse. He had previous psychotherapy which has been helpful. He had a multidisciplinary pain rehabilitation evaluation on October 8, 2014. He was found to have decreased range of motion of the cervical spine, lumbar spine and thoracic spine. He had decreased grip strength in the left hand . His multiaxial diagnoses included pain disorder as well as major dress press of disorder and PTSD. Yet many functional limitations due to his injury and increased pain. He was not able to perform all his activities of daily living. Has assessment was noted to have the motivation for improvement. The consulting physician requested 10 sessions of intensive multidisciplinary pain rehabilitation. The sessions would include physical treatment, medical care, psychological care and rehabilitation training and education.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Pain Rehab Program times 10 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31-32.

Decision rationale: According to the guidelines the criteria for a multidisciplinary pain program includes:(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. In this case the claimant meets the above guidelines and the request for 10 sessions of multidisciplinary pain program is appropriate and medically necessary.