

Case Number:	CM14-0020932		
Date Assigned:	04/30/2014	Date of Injury:	12/09/1996
Decision Date:	07/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The patient has submitted a claim for complex regional pain syndrome, diabetes, hypertension, dyspepsia, chronic headaches, obesity, obstructive sleep apnea, insomnia/depression, and dyslipidemia associated with an industrial injury date of December 9, 1996. Treatment to date has included spinal infusion system, three spinal interventions for dural repair of infusion system and evacuation of epidural abscess with the most recent dated October 6, 2013; physical therapy, use of TENS unit, and medications such as MS Contin, lisinopril, Peridex, Acidophilus, Ester C, glucosamine/chondroitin, pravastatin, Premarin, Mira Lax, carisoprodol, levothyroxine, Lasix, Fiber Con, atenolol, Aciphex, Vitamin D, Dilaudid, Zofran, Lidoderm patch, ranitidine, phentermine, HCTZ, Lyrica, Motrin or Tylenol, Maxalt, Linzess, aspirin, and calcium. Medical records from 2013 to 2014 were reviewed showing that the patient complained of pain at the back, hips, legs, and hands described as sharp, dull, achy, burning, and pressure sensation. Back pain was constant and considered as her worst problem. Pain was aggravated by sitting, walking, and pulling weeds; and alleviated by lying down or with a hot bath. She was no longer losing weight. She was not frustrated by pain. She wanted to be off of narcotics. The patient took all of her medications faithfully, however, she is still experiencing difficulty sleeping and depression. Physical examination showed that mentation and coordination were grossly normal. Progress notes were handwritten and somewhat illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI-DISCIPLINARY PAIN PROGRAM (# DAYS UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: As stated on pages 31-32 of 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, etc. ODG Pain Chapter states that there is little research as to the success of return to work with functional restoration programs in long-term disabled patients (>24 months). In this case, the rationale given for this request is because patient wants to come off of potent analgesic agents since she is already on multiple drug therapy. A progress report, dated February 21, 2014, cited that she was enrolled in a functional restoration program at SCPW. However, medical records submitted and reviewed do not document the outcome, as well as the number of sessions she has completed. Furthermore, the medical necessity for this program has not been established because the date of injury is 1996 (18 years to date) which is beyond the duration of time of 2 years as recommended by the guidelines above. Lastly, the present request does not specify the duration of treatment intended. Therefore, the request for a multi-disciplinary pain program is not medically necessary.