

Case Number:	CM14-0023124		
Date Assigned:	05/16/2014	Date of Injury:	09/21/2013
Decision Date:	08/04/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 Tennessee. 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 is a 37-year-old female who has submitted a claim for chronic pain syndrome, cervicgia with mild degenerative disc disease, chronic low back pain, myofascial pain, vocational interruption, opiate dependence, and dysfunctional activities of daily living associated with an industrial injury date of September 21, 2013. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, 7-8/10 and neck pain, 6/10. The neck pain was intermittent, dull, and achy radiating to her upper back, bilateral triceps with occasional right finger pain. The low back pain was constant, dull, achy and sometimes sharp with radiation to both buttocks, right anterior lateral leg to the right knee and left posterior lateral leg to the big toe. The physical examination showed patient having guarded gait and posture. There were noted spasms of the paravertebral musculature. Tenderness was present on the thoracolumbar spine and paravertebral muscles. Extensor hallucis longus test was negative. The range of motion of the back was restricted. An MRI of the lumbar spine, dated December 4, 2013, revealed mild left-sided neural foraminal narrowing at L4-L5 and L5-S1 due to disc protrusion. EMG study dated November 5, 2013 showed focal neuropathy of the right median at the wrist consistent with a mild case of bilateral carpal tunnel syndrome, and chronic neuropathic changes in the right L4-L5 myotome consistent with right L4-L5 radiculopathy. The treatment to date has included medications, chiropractic therapy, TENS, acupuncture, psychotherapy, a home exercise program, and activity modification. The utilization review, dated January 28, 2014, denied the request for multidisciplinary pain management. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY PAIN MANAGEMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for use of multidisciplinary pain management programs include: an adequate and thorough multidisciplinary evaluation has been made; unsuccessful attempts with conservative treatment options; significant loss of ability to function independently due to the chronic pain; and the patient is not a surgical candidate. In this case, a multidisciplinary pain management program was requested for both the psychological and physical issues and to improve her function without delay. The patient has increased pain despite medications. A multidisciplinary team conference summary dated April 2, 2014 stated that there was failure of chiropractic, physical therapy, home exercise program, and acupuncture. However, there are no surgical procedures done on the patient and there was no mention that she is not a surgical candidate. Furthermore, there was also no evidence of failed return to work attempts or significant loss of ability of the patient to function independently. The medical necessity has not been established. Moreover, medical records indicate that a multidisciplinary pain management evaluation was done last April 2, 2014. The progress report, dated April 21, 2014 stated that the patient would begin the approved functional restoration program on May 5, 2014. Therefore, the request for multidisciplinary pain management is not medically necessary.