

Case Number:	CM14-0030231		
Date Assigned:	06/30/2014	Date of Injury:	09/05/2012
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesia has a subspecialty in Acupuncture & Pain 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 injured worker is a 46year old male injured worker with date of injury 9/5/12 with related lumbar spine pain. Per 1/28/14 progress report, the injured worker complained of severe low back pain rated 10/10 without medications which radiated to the right lower limb. He stated that he has no quality of life and that he cannot do anything at home. He also noted bowel and bladder urgency and near incontinence which he felt was getting worse. He has had two epidurals without relief. Per 1/28/14 initial psychological evaluation, the injured worker had every symptom of Major Depression except suicidality. He also was worried about his future, felt nervous, had trouble relaxing, feared losing control, and noted a number of symptoms indicative of autonomic nervous system arousal. MRI dated 12/5/13 revealed right paracentral disc protrusion which abuts the exiting right sided nerve root at L5-S1; mild to moderate disc desiccation at L5-S1. The documentation submitted for review did not state if physical therapy was utilized, but it was noted that the injured worker has had conservative care including injections. He was treated with medication management. The date of UR decision was 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 weekly pain management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive behavioral therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: With regard to chronic pain programs, MTUS CPMTG states Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. The criteria for the general use of multidisciplinary pain management programs are as follows: (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 (there are many of these outlined by the MTUS). Review of the submitted documentation indicates that the injured worker has ongoing psychological symptoms associated with major depression and anxiety secondary to chronic pain which is rated at 10/10 in intensity. It is noted per 1/28/14 initial psychological evaluation that he has had conservative care, and wishes to avoid surgery for fear that it will make him worse. An evaluation containing baseline functional testing is not included in the documentation. As the first criteria is not met, the request is not medically necessary.