

Case Number:	CM14-0036317		
Date Assigned:	06/25/2014	Date of Injury:	10/11/2012
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 patient with a date of injury of 10/11/12. A utilization review determination dated 2/28/14 recommends non-certification of referral to physical medicine specialist for evaluation of comprehensive outpatient pain management program. A 2/19/14 medical report identifies back pain. Pain in the genital area has increased. Tramadol is decreased and he is having headaches after reducing the quantity. Trazodone was causing nightmares. The patient had shakes the previous night. He had been resistant to seeing a psychologist in the past, but now is recognizing that he has to begin to learn how to control his chronic pain, especially since his complication. On exam, there is moderate to severe anxiety and near crying at times from frustration and pain. The provider notes that he is not improving with normal care and has many issues and problems with taking medications. The complication he suffered from the injection has impaired his trust and the chronic pain has created a psychological state that is now impairing his functional status as much or more than the pain itself. The physician felt that the patient was an excellent candidate for a prolonged pain management program. A 5/24/14 medical report identified that the patient was determined not to be a surgical candidate by a spine surgeon. He had an epidural steroid injection that was complicated by a severe burning sensation radiating into the left scrotal area that was severe and lasted over the course of the week. He was later offered a repeat epidural steroid injection and spinal cord stimulation, but he deferred on these options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to physical medicine specialist for evaluation of comprehensive outpatient pain management program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for referral to physical medicine specialist for evaluation of comprehensive outpatient pain management program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. Within the documentation available for review, there is documentation subsequent to the prior utilization review identifying that these criteria have now been met, as the patient has significant limitations and does not appear to be a candidate for additional treatment. It appears that he is now motivated to explore options to help manage his pain that he was not considering previously. Thus, an evaluation to determine his candidacy for a functional restoration/chronic pain program appears to be reasonable. In light of the above, the currently requested referral to physical medicine specialist for evaluation of comprehensive outpatient pain management program is medically necessary.