

Case Number:	CM14-0042882		
Date Assigned:	06/30/2014	Date of Injury:	02/12/2013
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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:

The claimant is a 45 yr. old male who sustained a work injury on 2/12/13 involving the low back when he was attacked and assaulted by coworker. He was diagnosed with chronic back pain and lumbar disc displacement with myelopathy. A progress note on 3/12/14 indicated the claimant had occipital headaches and back pain. He had undergone therapy and home exercises. Previously he had been given Celebrex, Ibuprofen, Trazadone and topical Votaren gel for pain. Findings were notable for significant guarding with movement of the lower back. Previous visits indicated pain in the range of seven out of 10 with depressed mood associated with his injury and possibility of posttraumatic stress disorder. Since the claimant struggled from a functional and pain control standpoint as well as mood disorder, the treating physician recommended and comprehensive interdisciplinary program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DAY INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION:

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Functional Restoration Programs Criteria for the general use of multidisciplinary pain management programs. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Functional Capacity Evaluation.

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

Decision rationale: According to the MTUS guidelines, Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy. Criteria for the general use of multidisciplinary pain management programs include: (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. Based on over 13 months of therapy and treatment, the claimant had not attained significant physical and emotional improvement. The request for a one time interdisciplinary pain management evaluation is appropriate and medically necessary.