

Case Number:	CM14-0043774		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2012
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 34-year-old female who reported feeling a "pop in her back" while pushing a heavy load on 12/12/2012. A report dated 10/21/2013 noted that since the date of her reported injury, she had pursued primarily conservative treatments that had included multiple medication trials, muscle relaxants, anti-inflammatories, benzodiazepines, opioids, and physical therapy, which was not effective. Her medications at that time were ibuprofen 600 mg and tizanidine 2 mg. The note also references an MRI which showed isolated L5-S1 central disc extrusion. In an office visit note on 09/17/2013 she rated her pain as 4/10. She stated that her pain medications provided her with little relief from pain. She could not lift or carry anything. She could only walk with crutches or a cane. Pain prevented her from sitting for more than half an hour. Pain prevented her from standing for more than 10 minutes. Even when taking her medications, she would sleep less than 4 hours per night. A note from 12/11/2013 verified her appointment for the [REDACTED] program evaluation. The appointment date listed on the form was 01/10/2013. This appears to be a typographical error and it should read 01/10/2014 because the note was written on 12/11/2013. In a note of 02/07/2014 verified that her [REDACTED] program orientation and start date was 03/03/2014. The rationale for this request is noted on the 10/21/2013 note where it states that if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. There was no Request for Authorization included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ for an interdisciplinary Pain Rehabilitation Program 90 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: In the California MTUS recommendations for Chronic Pain Programs, it is noted that patients should be motivated to improve and return to work and meet the selection criteria. These criteria include: an adequate and thorough evaluation including baseline functional testing so that followup with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful; 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 chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted and, the patient exhibits motivation to change, and is willing to forego secondary gains, including disability payments to affect this change. Among the negative predictors of efficacy of treatment to these types of programs is the duration pre-referral disability, which in this case is 1 year and 4 months. The guidelines further recommend that the likelihood of return to work diminishes significantly after approximately 3 months of sick leave. The guidelines further stated that there is a place for interdisciplinary programs at a stage in treatment prior to the development of permanent disability, and this may be at a period of no later than 3 to 6 months after a disabling injury. Components for interdisciplinary care include physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care and vocational rehabilitation and training with education. The submitted records indicate that this worker had a lack of responsiveness to physical therapy in the past. There were no records submitted of her attendance to or participation in the ████████ evaluation and orientation. There was no documentation as to her motivation or willingness to participate or of having the goal of wanting to return to work. Therefore, this request for ████████ for an interdisciplinary pain rehabilitation program 90 hours is not medically necessary and appropriate.