

Case Number:	CM14-0046722		
Date Assigned:	09/18/2014	Date of Injury:	12/16/2002
Decision Date:	10/16/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 58-year old male with date of injury of 12/6/2002. A review of the medical records indicate that the patient is undergoing treatment for chronic pain syndrome, lumbar strain, with radiculopathy. Subjective complaints include continued lower back pain. Objective findings include reduced lumbar range of motion, positive straight leg raise, tenderness to paraspinals in lumbar region. Treatment has included pain medication, surgeries, physical therapy, and a functional restoration program. The utilization review dated 4/16/2014 non-certified 10 sessions of a multi-disciplinary pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Additional Sessions of Multidisciplinary Pain Program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and

"Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The medical documentation provided does show a very specific plan with functional gain and future goals. The employee has undergone 20 sessions previously with very detailed documentation of the gain made and the way forward for future sessions. The medical documents note that the employee has made more functional gains during the 20 sessions than using any other treatment modality in the past. This therapy cover essential facets of functional life including activities of daily living, psychological issues, vocational rehabilitation, etc. Therefore, the request for 10 additional sessions of a multi-disciplinary pain program is medically necessary.