

Case Number:	CM14-0061103		
Date Assigned:	06/27/2014	Date of Injury:	04/04/1987
Decision Date:	07/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

A 4/1/14 PR-2 notes pain in the upper and lower back and both upper and lower extremities. There is reported ongoing depression with reported positive results of psychological therapy. The injured worker has a [REDACTED] membership and is performing pool therapy. The injured worker is undergoing cardiac evaluation due to symptoms of chest discomfort and palpitations and had to hold on pool therapy program. The injured worker is reported to have been on long acting opioids in the past and is currently taking short acting opioids. On examination there is tenderness of the low back area with strength noted as 5/5 and normal neurologic systems with positive sitting straight leg raise. A 3/10/14 note indicates the insured is on chronic opioids for pain with noted weight issues. It was recommended that she participate in an inpatient chronic pain rehab program for 5 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Comprehensive Pain / Rehabilitation 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 Page(s): 30-31.

Decision rationale: The medical records provided for review support that the injured worker has a chronic pain condition on chronic opioids that has not improved despite medication therapy, psychological care, and self directed physical therapy program including pool therapy. The medical records support that there is associated psychological condition with the pain and MTUS guidelines support that chronic pain rehabilitation programs are recommended where is is access to a program with proven successful outcomes. The concurrent use of opioids supports an inpatient pain program to facilitate weaning of opioids during therapy. As such, the request is medically necessary.