

Case Number:	CM14-0061752		
Date Assigned:	07/09/2014	Date of Injury:	04/13/2011
Decision Date:	08/11/2014	UR Denial Date:	04/21/2014
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 Physical Medicine and Rehabilitation 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 patient is a 50-year-old male with a date of injury of 04/13/2011. The listed diagnoses per [REDACTED] are: Chronic pain; Multiple DJD; Cigarette smoking; and Myofascial pain. According to progress report dated 04/03/2014, the patient presents with chronic low back pain. He has had an ESI which improved his pain for just 1 day then back to baseline. Report indicates the patient had an initial evaluation at [REDACTED] on 03/27/2014. The patient has constant lower back, midback, and right leg pain. The treating physician states the patient has passed the candidacy evaluation for [REDACTED] and is requesting 90 hours of [REDACTED]. Utilization review denied the request on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Hours of [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary program for chronic painChronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, although the treating physician has provided an adequate evaluation for consideration of a multidisciplinary program, the requested 90 hours exceeds what is recommended by MTUS. MTUS does not suggest the program for longer than 2 weeks (or 80 hours) without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the request for 90 Hours of [REDACTED] [REDACTED] is not medically necessary and appropriate.