

Case Number:	CM14-0082273		
Date Assigned:	07/21/2014	Date of Injury:	02/25/2008
Decision Date:	08/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 40-year-old male with a reported date of injury on 02/25/2008 and the mechanism of injury reportedly occurred when the injured worker was bending over to carry heavy pieces of lumber, and caused him to develop a pins and needles sensation at his back. His diagnoses were noted to include clinical depression, pain disorders associated with both psychological factors and general medical conditions, chronic, major depression disorder, recurrent, severe, without psychotic features, sleep disorder due to chronic pain, right chronic low back pain at lower extremities, lumbar disc degeneration, lumbar radiculopathy, lumbar myofascial pain, and severe depression. His previous treatments were not to include physical therapy, medications, and discogram. The unofficial magnetic resonance imaging (MRI) report 06/14/2011 showed a 1 to 2 and then disc spur and facet degenerative changes at C3-4, 2 mm disc and uncovertebral joint hypertrophy and facet degenerative changes at C4-5, 2 mm disc bulge, spur, and uncovertebral joint hypertrophy at C5-6, no focal disc protrusion at C6-7 and a 3 mm disc bulge spur at D3-4 with mild effacement of thecal sac. The Help Program evaluation performed 03/03/2014 revealed his pain was constant and stated he felt that it was aching, throbbing, shooting, stabbing, sharp, burning, electrical, a ants crawling, pins and needles, and numbing sensations rated 7/10. The [REDACTED] examination dated 03/14/2014 revealed the injured worker had a score of 46 on the Beck Depression Inventory and the injured worker revealed he felt sad, pessimist, like a failure, decreased pleasure, guilty, decreased pleasure, guilty, punished, self-dislike, self-critical, tearful, agitated, decreased, indecisive, worthless, decreased energy, irritable, decreased libido, and having concentration difficulties. The provider indicated on the state trait anxiety inventory he obtained a standard score of 82, which placed him in the severe range for symptoms of acute stress. The provider indicated on the pain

outcomes questionnaire intake report the injured worker reported his pain affected his mobility, daily activities, and vitality. The physical therapy from the [REDACTED] notes dated 03/03/2014 revealed the injured worker had decreased range of motion and decreased muscle strength. The Progress Note dated 04/28/2014 revealed the injured worker complained of back stiffness and radicular pain in the right and left leg. The injured worker described his back pain as aching, burning, stabbing, throbbing, spasming, shooting, deep, and shocking, rated 6/10. The injured worker described his pain as to his legs, described as aching, burning, cramping, inconsistent, intermittent, pulling, sharp, shooting, stabbing, throbbing, tingling, numbness, spasming, and constant rated 5/10. The physical examination revealed muscle strength for all groups tested noted 3/5 for left hip abductors, left foot dorsiflexors and left foot plantar flexors. The right triceps, right wrist extensors, right wrist flexors, left gluteal muscles, and right biceps were noted to be 4/5+. The bilateral hip internal rotators, left hamstrings, bilateral quadriceps, bilateral hip external rotators, left hip abductors, bilateral hip flexors, right foot plantar flexors and right hip abductors were noted to be 5/5. The psychiatric exam revealed orientation times three with mood and affect appropriate to situation. The neurological examination revealed L5 dermatome and S1 dermatome, which demonstrated decreased light, touch sensation on the left. There was a positive straight leg raise, a right lower extremity. The provider indicated the injured worker had been seen by [REDACTED] and it was indicated the injured worker was a candidate for the biopsychosocial program. The provider indicated the injured worker had also been seen by a physician that indicated he was a candidate for surgical intervention, and the injured worker was amenable to those procedures. His medication regimen was noted to include Avinza 45 mg 1 twice a day, Inderal 10 mg 1 daily, Nortriptyline 25 mg 3 at bedtime, Gabapentin 600 mg 3 by mouth 3 times a day, Norco 10/325 mg 1 by mouth every 4 hours, Cymbalta 60 mg 1 at bedtime, Tizanidine 4 mg 1 twice a day, and Colace 250 mg 1 twice a day. The provider indicated he discussed with the injured worker the potential for addiction and the situation with the use of narcotic pain medications. The provider indicated he urged the judicious use of all narcotics and to quickly as possible find and control the source of the pain and eliminate the need for long-term use of narcotic medications. The provider indicated he was requesting medications, the notes from a physician, and that he supported the biopsychosocial program and 90 hours pain management. The rationale for the pain rehabilitation program is to decrease the depressive and anxious symptomatology to decrease the depressive and anxious symptomatology in the injured worker and increase functional status. The Request for Authorization Form dated 05/02/2014 was for the pain rehabilitation program for 90 hours in accordance with the Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Rehabilitation program, 90 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) and Chronic pain program. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The request for pain habilitation program, 90 hours is not medically necessary. The injured worker complains of chronic pain and depression. The California Chronic Pain Medical Treatment Guidelines recommend chronic pain programs for patients with conditions that put them at risk of delayed recovery. The guidelines state patients should also be motivated to improve and return to work, and meet the patient selection criteria. The guidelines state multidisciplinary pain programs or interdisciplinary rehabilitation programs combine multiple treatments, and at least, including psychological care along with physical therapy and occupational therapy. The guidelines also state, while recommended, the research remains ongoing as to what is considered the gold standard content for treatment, the group of patients that benefit the most from this treatment, and the ideal timing of when to initiate treatment. The guidelines criteria for the general use of multidisciplinary pain management programs are an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful and 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 the chronic pain, the patient is not a candidate for surgery or other treatments would be clearly warranted, the patient exhibits motivation to change, and is willing to forego secondary gains, including disability payments to affect this change, and negative predictors have been addressed. The guidelines also state treatment has not been suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The treatment duration should not generally exceed 20 full day sessions. The documentation provided indicated the injured worker was a candidate for surgery and a lack of documentation regarding the injured worker willing to forego secondary gains including disability payments to affect this change. As such, the request is not medically necessary.