

Case Number:	CM14-0085450		
Date Assigned:	08/01/2014	Date of Injury:	07/09/2012
Decision Date:	10/07/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 male who was injured on 07/09/12 while lifting a "stringer." The injured worker also twisted his left knee during this incident. The injured worker complains of low back pain with radiation into the left lower extremity with numbness and tingling in the foot. The injured worker is diagnosed with lumbar disc degeneration, low back pain and knee pain. Treatment has included medication management and therapeutic exercise. Psychological Evaluation Permanent & Stationary Report dated 04/21/14 note Axis I diagnoses include Major Depressive Disorder, Dysthymic Disorder and Sleep Disorder due to a medical condition. This report includes recommendations for six to twelve months of treatment with a combination of psychotropic medication and individual counseling treatment. It is noted the injured worker will likely require approximately 12 psychiatric consults for medication management. The injured worker reports for an initial consult with pain management on 05/01/14. Clinical note from this date includes the evaluating provider's opinion that the injured worker's pain should be addressed in an interdisciplinary fashion including medication optimization and physical rehabilitation. A request for authorization for an unspecified number of ongoing sessions with Pain Management for treatments is submitted on 05/02/14. This request is partially certified by UR decision dated 06/05/14 for one pain management follow-up appointment. This is an appeal request for an unspecified number of Pain Management Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management sessions ongoing (unspecified number): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (updated 05/15/2014), Consults and Treatments.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states the criteria for the use of multiple disciplinary pain management programs includes, among other things, an adequate and thorough evaluation, including baseline functional testing so follow-up with the same test can note functional improvement. Records do not indicate an evaluation, such as an FCE, has been performed. Guidelines also indicate previous methods of treating chronic pain should have been unsuccessful and notes there should be an absence of other options likely to result in significant clinical improvement. Pain Management consultation note dated 05/01/14 notes that medication management and physical therapy are likely to improve the injured worker's condition. Moreover, guidelines do not support the use of more than 20 sessions of treatment in a pain management program. The request does not indicate the number of sessions in which the injured worker is anticipated to participate. Based on the clinical information provided, medical necessity of an unspecified number of ongoing pain management sessions is not established.