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| Case Number: | CM14-0089089 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/18/2002 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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, has a subspecialty in Pain Medicine 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 63 year old female who sustained an industrial injury on 12/08/2002, when she slipped and fell when running on a wet floor. She is status post L4-5 fusion in 2008 and fusion C4-C7 and C5 corpectomy in 2011. On 3/26/2014 she was approved 12 sessions of pool therapy. On 5/26/2014 request for comprehensive multidiscipline assessment was denied. Lumbar MRI on 4/13/2012 revealed solid fusion at L4-5 and mild to moderate adjacent segment disease above and below the fusion at L3-4 and L5-S1 with mild to moderate foraminal narrowing. Flexion and extension x-rays of the cervical spine on 1/25/2013 revealed no dynamic instability. Scoliosis study was completed on 1/25/2013, which showed evidence of cervical and lumbar fusion, no hardware failure or latency identified. There is mild dextrocurvature of the thoracic spine with the apex at the T7-8 level, positive sagittal imbalance measuring 6.1 cm, no coronal imbalance, there is mild left pelvic tilt. The patient was recently evaluated by the primary treatment provider (PTP) on 4/25/2014. She reports she has better range of motion since starting physical therapy. She continues to struggle with chronic pain, de-conditioning and depression. She does not sleep well. She has been referred for evaluation of the lumbar and cervical spine. She wants to make sure she does not need additional surgeries prior to considering a full range of motion (FRP). Pain is worse in the low back and left hip. Recently pain has become more severe, rated 3-5/10, but increases to 5-8/10 with certain activities. Neck pain is constant 4/10 with intermittent radiation to the left arm to the elbow. She has numbness in the right hand and left fingers. She has difficulty moving her left thumb. She denies headaches. Diagnostic study results are noted, including 5/16/2012 left wrist MRI and 4/13/2012 left hip MRI and bone scan. Physical examination documents seated with slouched posture, healed surgical scars, mild thoracolumbar scoliosis, moderately severe tenderness in bilateral greater trochanters and left SI joint, negative straight leg raising (SLR), 80% normal neck and 50% normal lumbar motion, pain with oblique

extension, tenderness at CMC joint, negative Finkelstein's, and symmetric DTRs throughout extremities. Diagnoses are chronic pain syndrome, s/p cervical C4 to C7 fusion, s/p C5 corpectomy, s/p lumbar L4-5 fusion, facet joint disease, bilateral trochanteric bursitis, s/p left CTR, overweight, depression, and de-conditioning. Treatment plan Lidoderm patches to neck and back, Flexeril prn spasms, continue pool therapy, and assessment for FRP, follow-up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Multidiscipline Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-31..

Decision rationale: The CA MTUS states chronic pain programs (functional restoration programs) are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Based on the information presented the patient appears to be a candidate for physical/aquatic therapy, to further improve her overall conditioning and subsequent transition to self-directed independent rehabilitation program. The medical records do not support that an FRP is clinically indicated in this case, as several of the required criteria have not been met. For example, a return to work is not considered, she has benefitted from aquatic physical therapy (PT), as so other methods of treating chronic pain have been successful and there is existence of other options likely to result in significant clinical improvement, also she does not present with significant loss of ability to function independently resulting from the chronic pain, and it appears additional surgery is also being considered. Given all of these factors, this patient is not considered a candidate for a multidisciplinary/chronic pain/FRP, and therefore assessment for placement in such a program is not clinically indicated. The request is not medically necessary.

