

Case Number:	CM14-0197123		
Date Assigned:	12/05/2014	Date of Injury:	02/01/2001
Decision Date:	02/25/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 63 year-old male who was originally injured on 2/1/2001. The treatment course was complicated. Initially managed with physical therapy and lumbar epidural steroid injections. The injured worker developed lumbar epidural abscess L4-5 diskitis treated by antibiotics. This was then followed by surgery on 9/29/2010 consisting of lumbar laminectomy with bilateral foraminotomies L3, L4, L5, S1; posterolateral fusion L3 to S1 with segmental instrumentation. This was followed by multiple epidural injections. A second lumbar surgery was performed on 5/3/2012 for revision and decompression, with posterior fusion T10, T11, T12, L1, L2, L3 and revision of L3, L4, L5, S1 instrumentation. The injured worker continued to have pain and weakness in the lower extremities, as well as frustration and depressed mood. Both physical examination and electromyography supported a L4-5 radiculopathy. On his own, the patient was paying for his own home health services, had continued his own gym membership to perform pool exercises, and had a documented weight loss of 38 pounds over a 1 year period. He is currently limited to use of cane or walker and cannot go beyond 1 block without significant pain. Current medications include tramadol, Flector patches, Neurontin and Voltaren gel. He was referred to biobehavioral treatment and psychology on 07/09/2014. On 11/07/2014, the treating physician noted a failure of all traditional pain management strategies and requested authorization for a 1 Day multidisciplinary evaluation with [REDACTED] to determine if he is a candidate for a functional restoration program. This request was submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Day multidisciplinary evaluation with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 1 day multidisciplinary evaluation is to determine if the patient is a candidate for a functional restoration program. The MTUS recommends this type of program where there is access, but the full benefit is yet to be clearly defined, including in terms of (1) the "gold standard" content for treatment, (2) the group of patients that benefit most, and (3) ideal timing. Negative predictors of efficacy include: (1) a negative relationship with the employer; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress; (5) duration of pre-referral disability time; (6) prevalence of opioid use; and (7) pre-treatment levels of pain. Criteria for use of multidisciplinary pain management programs are: (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. The patient does satisfy the majority of criteria for participation. The patient appears to display motivation to change, as he has continued to pay for services including home health, gym membership, and has a documented weight loss by his physician. The injured worker is not a candidate for surgery and has thoroughly explored conservative treatment. The referring physician actually addressed the possible negative predictors of success, and detailed the reasoning for further evaluation prior to enrollment in the note from 11/07/2014. The request as written is for evaluation for participation, not actual enrollment in a functional restoration program. As written, this appears to conform to the MTUS guidelines, and as such, a 1-day multidisciplinary evaluation would be medically necessary at this point in treatment. Furthermore, it would help determine if the injured worker is actually a candidate for a functional restoration program.