

Case Number:	CM14-0198466		
Date Assigned:	12/08/2014	Date of Injury:	09/09/2003
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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:

This is a patient of the date of injury of September 9, 2003. A utilization review determination dated November 13, 2014 recommends noncertification of a multidisciplinary evaluation. Noncertification was recommended since the patient had not failed duloxetine and nortriptyline. Additionally, it appears that the patient's spinal cord stimulator may need to be moved. A progress report dated October 31, 2014 identifies subjective complaints of low back pain and joint pain. The back pain occasionally radiates into the lower extremities. The patient is off all pain medicines including NSAIDs and has undergone a spinal cord stimulator implant which is not working as well as the trial did. The patient is status post lumbar spine fusion and has limited function and ongoing pain. She was recently denied a lumbar spine brace. She is calling in sick and missing work due to her pain. She has had prior individual physical therapy and psych sessions with transient benefit. The note states "she needs a strong plan via multidisciplinary evaluation." Physical examination reveals restricted range of motion in the lumbar spine with pain, reduced strength in the lower extremities, normal sensation in the lower extremities, positive straight leg raise test, and agitated/depressed affect. Diagnoses include lumbar disc with radiculitis, degenerative lumbar disc, and post laminectomy syndrome. The treatment plan recommends refilling Lidoderm. The plan states that the patient "presents to Comprehensive Pain Management Center to explore different pain management options." The note goes on to state that the patient "should be addressed in an interdisciplinary fashion including medication optimization and physical rehabilitation." The note then goes on to state that physical rehabilitation instructions and medication counseling were provided. The note goes on to state that the patient works full duty on an ongoing basis. A progress report dated November 4, 2014 states that the patient had her spinal cord stimulator adjusted and "now it works fine." Objective examination reveals minimal tenderness to palpation over the thoracic and buttock incision with

decreased sensation in the left anterior and lateral calf. The treatment plan states that the patient is "doing well."

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: 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 where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Additionally, it appears that there remain some treatment options available. The most recent report indicates that the patient's spinal cord stimulator was reprogrammed and that the patient was "doing well." Furthermore, it appears that there are adjunct of medications that have not yet been tried which may address the patient's depressive and pain complaints. Finally, the requesting physician recommends an interdisciplinary evaluation including "medication optimization and physical rehabilitation". Her note then goes on to state that she provided the patient with instruction in physical rehabilitation and medication counseling. Therefore, it is unclear exactly what is being requested above and beyond what she is already providing for her patient. In the absence of clarity regarding those issues, the currently requested multidisciplinary evaluation is not medically necessary.