

Case Number:	CM14-0204245		
Date Assigned:	12/16/2014	Date of Injury:	08/03/2013
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Psychologist (PHD, PSYD) 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:

According to the provided medical records, this patient is a year old male who reported an industrial related injury that occurred during the course of his employment for [REDACTED] on August 3, 2013. The injury is related aggravation of a long-standing hip injury due to a right hip dislocation while he was at work. There was a subsequent revision of a prior right total hip arthroplasty. MRI imagery shows disc protrusion at L3-L4 impinging on a nerve root. He reports right hip pain radiating down the right leg and into the low back. He is noted to have a chronic pain syndrome with factors for delayed recovery and multiple non-industrial medical comorbidities. This IMR will be focused on the patient's psychological symptomology as it relates to the current requested treatment. According to a PR-2 progress report from the patient's primary treating Psychologist dated June 12, 2013, the patient has been participating in cognitive behavioral therapy sessions (unspecified quantity) and reported back pain and resulting depression he describes giving up and not being able to exercise or move and that he is just "a couple of steps away from hopelessness." Since the prior CBT session there was no change in the patient's somatic complaints, pain, functional complaints, depression or anxiety. In addition since the start of his cognitive behavioral therapy there was no change in work tolerance, strength and endurance, or dependency on medical treatment. Another PR-2 progress report from the patient's treating psychologist from June 22, 2014 indicates patient trying to increase exercise tolerance and better manage comorbid medical issues and increased motivation for proper nutrition and socializing. There were decreases in depression, functional complaints, however pain complaints increased and somatic complaints remained the same. There was also indication of strength and endurance increasing reliance on other forms of treatment decreasing, and tolerance for work functions and other activities of daily living increasing. According to a note from his primary treating physician from July 21, 2014, the patient has been found to be not a spinal surgery

candidate and that "he should be allowed to participate in a multimodal behavioral and cognitive pain program/functional restoration program...Once completed he will have exhausted the psychiatric and psychological care..." A request was made for a multidisciplinary evaluation, the request was not approved by utilization review. This IMR will address a request to overturn the utilization review non-certification determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management and Ev.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, chronic pain programs Page(s): 30-32.

Decision rationale: According to the MTUS treatment guidelines for chronic pain programs they 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 be motivated to improve and return to work and meet the patient selection criteria outlined below. Also called multidisciplinary pain programs, or interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at least, include psychological care along with physical therapy and occupational therapy (including an active exercise component as opposed to passive modalities). A brief list of requirements is provided as follows in an edited format: (1) An adequate and thorough evaluation has been made including baseline functional testing so that 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 for surgery or other treatments (5) the patient exhibits motivation to change (6) negative predictors of success have been addressed. With regards to the requested treatment, a multidisciplinary evaluation, the request appears to be medically reasonable, appropriate and necessary. The patient exhibits delayed recovery and has been determined to not be a surgical candidate. He has engaged in psychological treatment with some evidence of objective functional improvements and motivation. An evaluation to determine whether or not a multidisciplinary functional treatment program would be beneficial, or not, is a reasonable intervention for this patient at this juncture. The rationale provided by utilization review does not appear to be supported as issues for denial would be addressed by the evaluation and are not expected to be provided prior to the evaluation. Because of these reasons, the medical necessity of the request was established; and because medical necessity was established, the request to overturn the utilization review determination for non-certification is approved.