

Case Number:	CM14-0204761		
Date Assigned:	12/17/2014	Date of Injury:	01/20/1999
Decision Date:	09/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/08/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male, who sustained an industrial injury on 1-20-1999. Diagnoses have included cervical myelopathy, cervical post-laminectomy syndrome and lumbar post-laminectomy syndrome. Treatment to date has included spinal surgery, physical therapy, injections, acupuncture and medication. According to the progress report dated 11-7-2014, the injured worker complained of persistent pain in both shoulders as well as throughout his cervical, thoracic and lumbar spines. He reported that he continued to lose his balance and fall two to three times a month. He felt that sciatica had decreased after six sessions of MLS laser therapy. Review of systems revealed urinary loss of control, muscle aches and weakness and depression. The injured worker had a shuffling, antalgic gait favoring the left. He ambulated with a cane. Authorization was requested for an interdisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interdisciplinary Pain Management Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1999 and has a history of a cervical myelopathy. He is status post multilevel anterior cervical decompression and fusion and a lumbar decompression. When seen, there was decreased cervical and lumbar spine range of motion. He was having worsening depression, anxiety, and difficulty sleeping. He was becoming more limited in terms of performing activities of daily living. Prior conservative treatments had been extensive including physical therapy, medications, acupuncture, and injections. Authorization for a functional restoration program evaluation was requested. A Functional Restoration Program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested. In this case, the claimant has chronic disabling pain and is becoming less independent. He has both physical and psychological components affecting his chronic pain condition and has already had conservative treatments. The requested evaluation was medically necessary.