

Case Number:	CM14-0206571		
Date Assigned:	12/18/2014	Date of Injury:	01/06/2014
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is 34 yo male who sustained an industrial injury on 01/06/2014. The mechanism of injury occurred when he was involved in a motor vehicle accident injuring his lower back. His diagnoses are chronic low back pain and depression. He complains of low back pain which radiates into both legs. On physical exam he uses a cane and has difficulty standing due to pain and he is emotionally labile and tearful. There were no motor or sensory abnormalities noted. Treatment has consisted of medical therapy and physical therapy. The treating provider has requested a one day Interdisciplinary Pain Management Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Interdisciplinary Pain Management Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, 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; and (6) Negative predictors of success above have been addressed. In this case the documentation of care is sparse and there is no imaging provided with respect to prior CT evaluation and no indication that MRI imaging has been performed. The prior therapy with notes to document failure of care are not evident nor in the ongoing home exercise program noted to be part of the recent care by the claimant. Medical necessity for the requested item has not been established. The request is not medically necessary.