

Case Number:	CM14-0206726		
Date Assigned:	01/30/2015	Date of Injury:	12/20/2013
Decision Date:	03/09/2015	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. 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: 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:

This 52 year old female was injured on 12/20/2013, while working as a housekeeper, with resulting bilateral low back pain after twisting and lifting at work and falling from a ladder. She has a history of cervical spine injury after a roller skating accident in 2013. Initially the pain was not radiating but documentation from 11/10/14 indicates pain radiating to legs intermittently. The back pain is moderate to severe (no analog scale used). Medications include Flexeril, Mobic (meloxicam), and Norco. Flexeril and meloxicam offered no improvement. She used a sacrolumbar support, which offered mild improvement, back stretching exercises and physical therapy which was ordered 6/20/14 and offered mild improvement but no further details offered regarding this and acupuncture (as of 9/25/14 had 6 sessions with temporary relief and was not recertified 10/27/14). On 6/19/14 she received a lumbar epidural steroid injection but resulting effect of injection was not documented. She was having difficulty sleeping. On physical exam of the lumbar region she exhibits decreased range of motion, tenderness and pain, spasms but no swelling and sensory deficit left leg. She exhibits an abnormal Straight Leg Raise Test (left) and an abnormal gait (no other detail). She was seen by neurosurgery (8/12/14) who did not recommend surgery but rather to continue conservative treatments. She had an MRI (2/10/14) that demonstrated multilevel degenerative joint disease (DJD) and Tarlov cysts without severe stenosis. Diagnoses include lumbar disc herniation, lumbosacral ligament sprain, lumbar spondylosis; bipolar disorder; major depression; facet syndrome of the lumbar spine and spinal fusion thoracic anterior. She was on modified duty (11/10/14) with restrictions that include no sitting more than 30 minutes; no lifting, carrying, pushing, pulling more than 5 pounds; no

bending, twisting, squatting, kneeling or climbing. She has not been working. On 11/10/14 requests for pain management evaluation, evaluation by program psychologist, psychiatric consult and 10 group sessions including cognitive behavioral therapy, nutrition counseling, physical therapy and medications. On 11/19/14 Utilization Review (UR) non-certified the requests for evaluation by pain management physician; nutrition counseling; physical therapy adapted to chronic pain patients; medications to teach chronic pain patients to better cope with condition based on lack of documentation as to the level of pain as rated on an analog scale; unclear documentation as to why nutritional counseling was being requested (the injured worker weighs 125 pounds and is five feet four inches; per UR injured worker received 18 sessions of physical therapy without progress and the request exceeds guideline recommendations and unclear documentation as to which medications are being requested to teach the injured worker to cope with chronic pain. The guideline referenced was MTUS Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Program (evaluation by a pain management physician, nutrition counseling, PT adapted to chronic pain patients, medications to teach chronic pain patients to better cope with condition): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1,30,98.

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

Decision rationale: Regarding the request for an integrated chronic pain program, California MTUS support these types of 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, no statement indicating that other methods for treating the patient's pain have been unsuccessful, and lack of discussion of negative predictors of success. Furthermore, it appears that the requesting provider is making a general request that is not catered to this patient. A progress note on date of service 11/10/2014 indicated the provider has ordered a nutritional consult for this patient. The patient has stable weight 126 lbs and BMI of 21.45. There is no documentation of why such an order is placed and how a nutritional consult will benefit a patient with normal Body Mass Index. Given these factors above, this request is not medically necessary.