

Case Number:	CM14-0206791		
Date Assigned:	12/18/2014	Date of Injury:	01/06/2012
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
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 Physical Medicine Rehab, 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:

The patient is a 49 year old female with date of injury 1/06/12. The treating physician report dated 11/14/14 (23) indicates that the patient presents with pain affecting the mid back, lower back and right foot with radiation to the left leg. The physical examination findings reveal tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezius. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Prior treatment history includes MRI, nerve conduction studies, medications, physical therapy, acupuncture, TENS unit, massage and injection. MRI findings reveal moderate spinal canal stenosis at L4-5, broad based disc bulge at L5-S1 without significant encroachment upon the spinal canal and no definite neural foraminal stenosis. The current diagnoses are: 1.Lumbar radiculitis2.Opioid dependence3.Chronic pain syndrome4.CervicalgiaThe utilization review report dated 11/25/14 (9) denied the request for one multidisciplinary evaluation between 11/24/14 and 1/08/15 based on lack of documentation related to other methods of treating chronic pain being unsuccessful as well as lack of documentation of significant loss of ability to function independently resulting from the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Multidisciplinary Evaluation between 11/24/2014 and 1/8/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: The patient presents with mid back, lower back and right foot pain with radiation to the left leg. The current request is for one multidisciplinary evaluation between 11/24/14 and 1/08/15. The treating physician states that in his opinion, the patient has failed all medical treatment options, remains functionally impaired and there has been delay in return to work. It is the physician's opinion that there are no surgical options available at this time. The MTUS guidelines state, "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; & (6) Negative predictors of success above have been addressed." The negative predictors of success include, "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." In this case, the treating physician has not provided thorough baseline functional testing so follow-up with the same test can note functional improvement. Furthermore, criteria numbers 5, 6, and 7 have not been met. The current request is not medically necessary.