

Case Number:	CM14-0207243		
Date Assigned:	01/13/2015	Date of Injury:	08/28/1988
Decision Date:	02/12/2015	UR Denial Date:	11/22/2014
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 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 injured worker (IW) is a 57-year-old woman with a date of injury of August 28, 1988. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar degenerative disc disease, status post discectomy, laminectomy and fusion; chronic cervicgia; chronic back pain; right lumbosacral radiculitis; pain-related insomnia' relevant history of osteopenia, fibromyalgia, depression, and rheumatoid arthritis; and situational depression and anxiety. Pursuant to the Primary Treating Physician's Progress Report dated November 25, 2014, the provider requested a consultation at Pacifica Pain Management, which is a functional restoration program, as the IW wishes to detox off her medications. The IW reports that she is having difficulty with authorizations of her medications. This has caused difficulty with continuing to work and she has to take days off. She has had significant anxiety, and is more fatigued due to the situation with her medications. She is seeing a psychiatrist who prescribes medications. She continued to follow-up with psychotherapy about every two weeks. Examination of the cervical spine reveals moderate tenderness over the bilateral cervical paraspinal regions, with tenderness noted throughout the cervical spine. Range of motion testing in the spine was deferred. Examination of the lumbar/thoracic spine reveals slight tenderness. Seated straight leg raise test was positive on the right. Current medications include Methotrexate, Remicade, Fosamax, Xanax, Nexium, Norco, Ambien, Lexapro, and Duragesic patches. There is no evidence of objective functional improvement associated with the ongoing use of her current medications. The IW uses a TENS unit with benefit. The treating physician is requesting (1) consultation with a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation with a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Functional Restoration Program/ Chronic pain programs.

Decision rationale: Pursuant to the Official Disability Guidelines, one consultation with the functional restoration program is not medically necessary. Functional restoration programs are recommended when there is access to programs with proven successful outcomes (i.e. decreased pain and medication use, improve function and return to work, decreased utilization of healthcare system. There should be evidence that a complete diagnostic assessment has been made with a detailed treatment plan of how to address physiological psychological and sociological components that are considered compliments of the patient's pain. Patients should still evidence of motivation to improve and returned to work and meet the patient selection criteria enumerated in the guidelines. The Criteria For General Use Of Multidisciplinary Pain Management Programs include, but are not limited to: patient has chronic pain syndrome, there is evidence of continued use of prescription pain medications without evidence of improvement in pain or function; previous methods of treating chronic pain have been unsuccessful and thorough multidisciplinary evaluation has been made; there should be documentation the patient has motivation to change and is willing to change their medication regimen. There should also be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; etc. In this case, the documentation contains a single progress note dated November 25, 2014. The documentation contains a summary of subjective symptoms, a brief physical examination with respect to the cervical spine, thoracic and lumbar spine and neurologic evaluation. The injured worker's working diagnoses are lumbar degenerative disc disease, status post discectomy, laminectomy and fusion; chronic cervicalgia; chronic back pain; right lumbosacral radiculitis; pain related insomnia; relevant history of osteopenia, fibromyalgia, depression and rheumatoid arthritis; and situational depression and anxiety. The medical record does not contain any of the required documentation regarding motivation to change, willing to change medication regimen, the possible change in compensation and/or other secondary gains. The documentation does not contain evidence that previous methods of treating chronic pain and whether they have been unsuccessful through multidisciplinary evaluations. Consequently, absent detailed documentation meeting the Criteria For General Use of Multidisciplinary Pain Management Programs, one consultation with the functional restoration program is not medically necessary.