

Case Number:	CM15-0138811		
Date Assigned:	07/28/2015	Date of Injury:	08/15/2014
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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: Preventive Medicine, Occupational Medicine

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 34-year-old male, who sustained an industrial injury on 8/15/2014. Diagnoses include reactive myofascial pain, lumbar degenerative disc disease at L5-S1 and bulging disc, chronic low back pain and left greater than right leg pain. Treatment to date has included conservative treatment including diagnostics work modification, physical therapy and medications. Current medications include Ibuprofen and Acetaminophen. Per the Office Visit Report dated 6/15/2015, the injured worker reported persistent back pain and leg pain particularly on the left greater than right. Physical examination revealed myofascial pain in the quadratus lumborum and left gluteal region with focal trigger points. Magnetic resonance imaging (MRI) dated 12/2014 was read by the evaluating provider as a grade 1 anterolisthesis of L5 and S1 and additional foraminal protrusion with osteophyte bulging that may be contacting the L5 nerve root. The plan of care-included continuation of medications, modified work and a request for a functional restoration program evaluation. Authorization was requested for health education for living with pain program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health Education for living with pain program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127; 158.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Health Education for living with pain program evaluation is not medically necessary.