

Case Number:	CM15-0145920		
Date Assigned:	08/06/2015	Date of Injury:	11/27/2013
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 27, 2013. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve a request for a pain management program. The claims administrator referenced a July 10, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 3, 2015, six sessions of chiropractic manipulative therapy were endorsed. In an associated progress note of the same date, July 3, 2015, the applicant was described as having had somewhere between 12 and 16 sessions of manipulative therapy. Ongoing complaints of low back pain were noted. The applicant was returned to regular duty work. The treating provider stated that the applicant was working on a full-time basis. The note was difficult to follow and did not follow standard SOAP format. Pain management program was apparently recommended both on that date and via a subsequent RFA form dated July 10, 2015. The applicant was returned to regular duty work on July 10, 2015. The applicant exhibited a normal gait and was apparently performing home exercises. Little-to-no narrative commentary in support of the pain management program in question was furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management program: Upheld

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

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

Decision rationale: No, the request for a pain management program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of chronic pain program is evidence that an applicant has significant loss of ability to function independently resulting from chronic pain complaints. Here, however, the applicant's successful return to regular duty work, a normal gait, and the ability to perform independently home exercises, per progress notes of July 3, 2015 and July 10, 2015, strongly suggested that the applicant did not have a significant loss of ability to function independently arising from his chronic pain complaints, arguing against the need for the chronic pain program at issue. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that an applicant undergo an adequate and thorough precursor evaluation prior to pursuit of a chronic pain program or functional restoration program. Here, however, there was no evidence that the applicant had completed such a precursor evaluation. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criterion for pursuit of a chronic pain program or functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, earlier manipulative therapy, physical therapy, home exercises, etc., had generated significant benefit and had effected the applicant's return to and/or maintenance of full-time, regular duty work status, as suggested on both July 3, 2015 and July 10, 2015. Therefore, the request for a chronic pain management program of unspecified duration was not medically necessary.