

Case Number:	CM15-0168259		
Date Assigned:	09/08/2015	Date of Injury:	11/19/2008
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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 71-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of November 19, 2008. In a Utilization Review report dated August 20, 2015, the claims administrator approved a request for oxybutynin while failing to approve a request for pain management program. The claims administrator referenced an August 15, 2015 RFA form and an associated July 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant's otolaryngologist suggested the applicant undergo vestibular therapy for vertigo. The applicant had issues with binaural hearing loss and tinnitus associated with an industrial assault injury; it was reported on this date. The applicant's work status was not furnished at this point. On February 26, 2015, the applicant received cognitive behavioral therapy. On September 2, 2015, the applicant's psychologist reported that the applicant had variety of medical, mental, and chronic pain issues. The applicant's psychologist stated that the applicant was considering surgical intervention at this point. On a work status report dated August 3, 2015, the applicant was kept off of work 'permanently'. In an associated progress note of August 3, 2015, the applicant was described as having a variety of issues with psychological stress and anxiety. The applicant's medications included acyclovir, Nexium, Nasonex, Lyrica, Ditropan, MiraLax, and Colace. The applicant was deemed 'permanently disabled'; it was reported in one section of the note. Multiple medications were renewed. Psychotherapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section Therapeutic Procedures, Non-Operative), pg. 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: No, the request for a pain management program (AKA functional restoration 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 primary criteria for pursuit of chronic pain program and functional restoration program is evidence that an applicant is motivated to improve and is willing to forego secondary gains, including disability benefits, in an effort to try and improve. Here, however, the attending provider reported on August 10, 2015, that the applicant was "permanently disabled". There was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that other criteria for pursuit of a chronic pain program or functional restoration program includes evidence of previous methods of treating chronic pain had proven unsuccessful and evidence that there is an absence of other options likely to result in significant clinical improvement and that an applicant is not a candidate for surgery or other treatments which would clearly be warranted for pain and function. Here, the applicant's psychologist reported on September 2, 2015 that the applicant was a candidate for surgical intervention. The applicant's primary treating provider (PTP) reported on August 3, 2015, the applicant was in the midst of receiving psychotherapy. The applicant's otolaryngologist seemingly reported on July 13, 2015 that the applicant was in the midst of pursuing vestibular therapy. Thus, it did, quite clearly, appear that there were variety of other treatments, including surgery, vestibular therapy, psychotherapy, etc., which were pending and/or had not been completed on or around the date of the request, which could potentially generate considerable improvement here. Therefore, the request is not medically necessary.