

Case Number:	CM15-0169189		
Date Assigned:	09/09/2015	Date of Injury:	09/26/2012
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: Indiana

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 35 year old male who sustained an industrial injury on 09-26-2012. He reported an injury to his low back. Treatment to date has included medications, spine surgery, therapy, back support and an epidural steroid injection. X-rays of the lumbar spine performed on 03-11-2015 showed status post anterior lumbar decompression and instrumented fusion L4-S1 stable. According to a progress report dated 07-21-2015, the injured worker had a history of lumbar radiculopathy, lumbar spinal stenosis, herniated disc syndrome, muscle spasms and anxiety disorders. He reported low back pain radiating to the left lower extremity. He reported that he wanted to decrease Fentanyl over time. Current medications included Oxycodone, Fentanyl, Flexeril and Klonopin. Physical examination demonstrated antalgic gait, mild decreased range of motion with extension 40 degrees of spine, mild tenderness to palpation of lumbar paraspinal muscles bilaterally, decreased sensation of the L5 distribution along the left lower extremity and positive straight leg raise on the left and right at 45 degrees. Assessment included lumbar radiculopathy, lumbar spinal stenosis, herniated disc syndrome and muscle spasms. Risk assessment was noted as high risk. The provider noted that a urine drug screen in April and on 06-18-2015 was inconsistent. The injured worker was advised that opioid therapy could not be continued and was given a titration schedule to titrate off over the following 30 days. Possible consideration of Suboxone and a second opinion was noted. The treatment plan included a follow up in 4 weeks and second opinion transfer of care to (named provider). Urine drug screens reports dated 03-27-2015 and 06-18-2015 were inconsistent with prescribed medications. An authorization request dated 07-22-2015 was submitted for review. The

requested services included second opinion-transfer care to (named provider). On 07-27-2015, Utilization Review non-certified second opinion-transfer of care pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second opinion/TOC Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and consultations regarding Referrals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Chronic pain programs, early intervention, Chronic pain programs, intensity, Chronic pain programs, opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs.

Decision rationale: MTUS states, "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." ODG states concerning chronic pain programs "(e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function." While the treating physician does document the use of several opioids and other pain medication, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. It is unclear what benefit a second opinion for pain management will have for the employee or the plan for integrating that opinion into the current plan of care. Therefore, the request is not medically necessary.