

Case Number:	CM15-0169632		
Date Assigned:	09/14/2015	Date of Injury:	04/18/2014
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: Emergency 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 48 year old female, who sustained an industrial injury on 04-18-2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic headaches, right knee pain, low back pain, chronic pain syndrome, diffuse regional myofascial pain and severe mood and sleep disorders. Medical records (03-13-2015 to 07-30-2015) indicate ongoing right knee pain, sleep disturbances, anxiety and depression. Records also indicate no changes in activities of daily living or work status. Per the treating physician's progress report (PR), the injured worker has not returned to work. The physical exams, dated 06-19-2015 and 07-30-2015, revealed complaints of severe right knee pain, right lower extremity pain, right buttock pain, low back pain, and severe anxiety and depression. No pain ratings were mentioned. The objective exam findings (07-30-2015) revealed swelling, effusion and warmth to the right knee, and myofascial tenderness in the lumbar paraspinal and gluteal musculature. There were not significant changes in these exams. Relevant treatments have included physical therapy (PT), injection therapy to the right knee, psychological treatments, work restrictions, and pain medications (citalopram, Effexor, ibuprofen, Imitrex, Tramadol, and topical Ultracin). According to the PR dated 07-30-2015, the injured worker remains with a serious complex chronic pain condition and increased depression that has failed physical therapy, medications, outpatient rehabilitation and psychological treatments. It was also noted that the injured worker had undergone a functional capacity evaluation that identified someone with a sub-sedentary level of function with severe mechanical problems and fear of avoidance behavior. The treating physician indicates that a MRI of the right knee (no date provided) showed focal chondral defect

of the patellofemoral joint at the lateral facet of the patella. The PR, dated 07-30-2015, shows that the following service was requested: one-day interdisciplinary pain management evaluation. The original utilization review (08-17-2015) partially approved the request for one-day interdisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-Day Interdisciplinary Pain Management Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 114.

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

Decision rationale: The requested one-day interdisciplinary pain management evaluation is medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker remains with a serious complex chronic pain condition and increased depression that has failed physical therapy, medications, outpatient rehabilitation and psychological treatments. It was also noted that the injured worker had undergone a functional capacity evaluation that identified someone with a sub-sedentary level of function with severe mechanical problems and fear of avoidance behavior. The treating physician indicates that a MRI of the right knee (no date provided) showed focal chondral defect of the patellofemoral joint at the lateral facet of the patella. The treating physician has documented sufficient evidence of continuing symptoms and dysfunction to warrant an evaluation to determine if the injured worker would benefit from a functional restoration program. The criteria noted above having been met, one-day interdisciplinary pain management evaluation is medically necessary.