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| Case Number: | CM15-0180765 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 03/07/2001 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: Physical Medicine & Rehabilitation

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 54 year old male who sustained an industrial injury on 3-7-01. The injured worker reported proprioception and gait disorder. A review of the medical records indicates that the injured worker is undergoing treatments for chronic pain syndrome, narcotic dependency, and somatization disorder with pain, major depression, anxiety not otherwise specified, and status post cervical fusion with recurrent neck pain, bilateral cervical radiculitis, and bilateral lumbar radiculopathy. Medical records dated 6-27-15 indicate the injured worker is "still dealing with post-acute withdrawal symptoms that are severe in nature of depression, anxiety, labile mood, and cognitive delay." Treatment has included status post cervical fusion, status post right shoulder arthroscopy, status post left shoulder surgery, Lithium since at least June of 2015, Risperidone since at least June of 2015, Seroquel since at least June of 2015, Gabapentin since at least June of 2015, Aleve since at least June of 2015, and Icy Hot patch since at least June of 2015. Objective findings dated 6-27-15 were notable for gait instability, weakness, and spasms. The original utilization review (9-8-15) denied a request for multidisciplinary program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents on 06/27/15 with post-acute withdrawal symptoms such as cognitive deficits, and decreased proprioception, which have resulted in multiple falls. The patient's date of injury is 03/07/01. Patient is status post cervical fusion and bilateral shoulder surgeries. The request is for multidisciplinary program. The RFA is dated 06/29/15. Physical examination dated 06/27/15 reveals gait instability, weakness, multiple pain systematic spasms, and physiological short leg syndrome with sacroiliitis and sciatica. The patient is currently prescribed Lithium, Risperidone, Seroquel, Gabapentin, Folic acid, Pepcid, Aleve, and icy hot. Patient is currently disabled. MTUS Guidelines, Chronic Pain Programs section, pages 30-34 has the following: "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. ODG guidelines, Pain (chronic) chapter under Chronic pain programs (functional restoration programs) states: Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in delayed recovery. In regard to the request for continued participation in an outpatient multidisciplinary program, the provider has specified an open-ended duration of therapy. This patient has been treated for 68 days in an inpatient setting for opiate and benzodiazepine dependence, and recently completed 20 days of outpatient multidisciplinary treatment with benefits. Per UR appeal letter dated 08/28/15, the provider states the following: "█████ has been in outpatient treatment now for 20 days is still having waxing and waning pain at this time, he still has depression though it is being managed by his current medication regime, he wants to return to work but is highly stressed as to how that his going to occur as he can no longer perform the work that he has done in the past, with that said, █████ continues to make progress, however, he still requires further outpatient treatment. He still has psychological issues that, without ongoing treatment, put him at an extremely high risk of relapse and injury at this time." The provider goes on to state "we appeal for authorization of the July in-patient dates of service and ask for authorization of out-patient treatment for █████." Based on the history provided, this patient presents with significant clinical history and psychiatric comorbidities, and has obtained some notable benefits from previous multi-disciplinary treatments (such as detoxification from medications and coping improvements). MTUS guidelines support additional treatments in cases where a clear rationale and goals to be obtained are provided. In this case, such goals are provided, as well as a lengthy discussion regarding this patient's future care needs, however, such

an open-ended request for indefinite continued treatment cannot be substantiated. Without a clearer statement regarding the specifics of the desired extension, the request as written is not medically necessary.