

Case Number:	CM15-0182771		
Date Assigned:	09/23/2015	Date of Injury:	11/10/2011
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old male, who sustained an industrial injury on 11-10-11. The injured worker was diagnosed as having L5-S1 disc bulge with left S1 chronic radicular pain and pubic symphysis diastasis, left greater than right with sacroiliac diastasis requiring fixation. The physical exam (3-16-15 through 7-7-15) revealed a positive straight leg raise test bilaterally, lumbar flexion was 60-90 degrees and extension was 20-30 degrees. Treatment to date has included a home exercise program, Percocet, Cymbalta, Celebrex and Aspirin. There is no documentation of recent physical therapy treatments or surgical consults. As of the PR2 dated 8-10-15, the injured worker reports increased left leg pain when he is less active. He indicated that his job will officially end in November, as his company cannot accommodate him. Objective findings include lumbar flexion is 80 degrees, extension is 30 degrees and there is a positive straight leg raise test bilaterally. The treating physician noted the PHQ-9 score was 7 out of 30, which indicates minimal depression. The treating physician requested [REDACTED] x 8 sessions, 1 time a week for 8 weeks, outpatient. On 8-14-15, the treating physician requested a Utilization Review for [REDACTED] x 8 sessions, 1 time a week for 8 weeks, outpatient. The Utilization Review dated 8-21-15, non-certified the request for [REDACTED] x 8 sessions, 1 time a week for 8 weeks, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of [REDACTED], 1 time a week for 8 weeks, outpatient:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Chronic Pain Programs.

Decision rationale: With regard to chronic pain programs, MTUS CPMTG states "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." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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" (there are many of these outlined by the MTUS). I respectfully disagree with the UR physician's assertion that the documentation did not meet the criteria for the general use of multidisciplinary pain management programs. Per note dated 9/2/15, an evaluation of baseline functional testing had been completed as of office visit on 8/10/15. Medications, injections, and physical therapy provided some benefit, yet left the injured worker with substantial functional limitations. He has had increasing problems with work activities and activities of daily living that justify the aftercare program. He is not a surgical candidate. He is motivated to work. There are no secondary gain issues identified. In addition, there are no negative predictors to suggest that he would not succeed in the FRP program. The treating physician noted the PHQ-9 score was 7 out of 30 which indicates minimal depression, which addresses a negative predictor of success. The request is medically necessary.