

Case Number:	CM15-0189234		
Date Assigned:	10/01/2015	Date of Injury:	08/02/2003
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 8-2-03. Medical records indicate that the injured worker is undergoing treatment for cervical intervertebral disc displacement without myelopathy, unspecified thoracic or lumbosacral neuritis or radiculitis and post-concussion syndrome. The injured worker was currently not working. On (8-7-15) the injured worker complained of a recent flare-up of cervical spine pain rated 10 out of 10 on the visual analogue scale. The injured worker had increased his medication intake due to the flare-ups. The injured worker noted increased bilateral lumbar spine pain, sore muscles, muscle spasms, numbness, depression and mood swings. Objective findings revealed paravertebral muscle spasm in the cervical spine. A Spurling's maneuver was positive bilaterally and range of motion was decreased in all planes. The referenced progress note was handwritten and difficult to decipher. Treatment and evaluation to date has included medications and a home exercise program. Current medications include Percocet and Elavil. The request for authorization dated 8-7-15 includes a functional restoration-pain management program to address addiction. The Utilization Review documentation dated 9-2-15 modified the request to a functional restoration-pain management program evaluation to address addiction (original request functional restoration-pain management program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration/pain management program to address addiction: 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), Opioids, dealing with misuse & addiction.

Decision rationale: According to the guidelines, 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. Opioid addiction may be handled through a weaning process, use of medications such as Methadone, or require a consultation with a physician specializing in addiction medicine. In this case, the request for a chronic pain program does not address the specific needs for the claimant nor does it meet the criteria above. As a result, the request is not medically necessary.