

Case Number:	CM15-0202847		
Date Assigned:	10/19/2015	Date of Injury:	11/02/2009
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 39 year old male, who sustained an industrial injury on 11-02-2009. A review of the medical records indicates that the worker is undergoing treatment for lumbar sprain and strain. Subjective complaints (06-04-2015, 07-09-2015, 08-13-2015) included constant severe low back pain. Objective findings (06-04-2015, 07-09-2015, 08-13-2015) included decreased and painful range of motion of the lumbar spine with tenderness to palpation of the paravertebral muscles and spasm, and positive straight leg raise on the right. Treatment has included Norco, Oxycodone, physical therapy and massage. Urine drug screen on 06-10-2015 was positive for the presence of cannabinoids but in the documentation submitted the physician did not discuss or interpret the results. The physician noted that the worker had been on chronic opioid therapy for over a year and was clearly dependent and possibly addicted to opioid medication. The worker was noted to have failed tapering of these medications and had chronic pain. The physician indicated that the worker would be a good candidate for a NESP-R consultation to address the chronic pain and dependence, addiction issues but there was no discussion as to what a NESP-R consultation would entail. A utilization review dated 09-17-2015 non-certified a request for NESP-R consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NESP-R Consultation: 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, 2007, page 127.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for NESP-R. MTUS guidelines state the following: Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The goals of the program are to help the individual re-assume primary responsibility for their well-being. According to the clinical documentation provided and current MTUS guidelines; the chronic pain functional rehab consultation/functional restoration program/NESP-R is indicated as a medical necessity to the patient at this time.