

Case Number:	CM15-0207842		
Date Assigned:	10/26/2015	Date of Injury:	10/07/2011
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 10-07-2011. He has reported injury to the low back, left knee, and right hip. The diagnoses have included lumbar sprain-strain; left lumbar radiculopathy; lumbar degenerative disc disease; left knee status post multiple surgeries with eventual total knee replacement, on 01-02-2014; right hip sprain-strain compensable consequence from chronic altered gait; right sacroiliac dysfunction associated with pelvic obliquity and leg length discrepancy; and chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modification, acupuncture, chiropractic therapy, injections, physical therapy, and surgical intervention. Medications have included Oxycodone, Pamelor, and Omeprazole. A comprehensive multidisciplinary report from the treating physician, dated 09-21-2015, documented an evaluation with the injured worker. The injured worker reported pain in the mid back, low back, bilateral hips, and left knee; the back pain is constant and rated at 8-9 out of 10 in intensity; the left knee pain is constant and rated at 8 out of 10 in intensity; the left hip pain is constant and rated at 8-9 out of 10 in intensity; he experiences associated symptoms of being irritable, depressed, and having difficulty concentrating, anxiety, and stomach aches; and he is currently not working and has not worked since 2012. It is noted that the injured worker "has many functional limitations due to his injury and increased pain"; and that "he requires assistance, compensatory strategies, and extra time to complete many activities of daily living". Objective findings included he has a mild limp with a slightly decreased stance phase on the left; mild tenderness with palpation of the cervical spine, with decreased range of motion; there is diffuse tenderness in the sacroiliac and gluteal lumbopelvic

region with the right greater than left side; there is decreased range of motion; there is mild diffuse swelling of the left knee and metallic crepitation of the left knee with range of motion; there is tenderness in the medial, lateral joint line, medial bursa, and peripatellar region; sensation is slightly decreased over the lateral aspect of the left leg; and straight leg raise causes back pain bilaterally and mild leg pain on the left. The treatment plan has included the request for multidisciplinary pain rehab program for 30 days. The original utilization review, dated 09-30-2015, modified the request for multidisciplinary pain rehab program for 30 days, to approve an initial 13 days (78 hours) of the requested program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary pain rehab program for 30 days: Upheld

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

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

Decision rationale: The MTUS identifies the following criteria for the general use of multidisciplinary pain management programs: 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. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) 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. In this case the injured worker does

appear to be a candidate for a multidisciplinary pain rehab program however, the treatment guides state that the initial program should not exceed 20 days without a clear rationale for the specified extension and reasonable goals to be achieved. The request for a multidisciplinary pain rehab program for 30 days is not consistent with the MTUS guidelines and is not medically necessary.