

Case Number:	CM15-0032643		
Date Assigned:	02/26/2015	Date of Injury:	12/18/2001
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, New York, California
 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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 18, 2001. In a Utilization Review Report dated January 21, 2015, the claims administrator denied a request for 12 complex chronic care coordination services. Non-MTUS ODG guidelines were invoked in the determination. The claims administrator also partially approved a request for a ketamine-containing topical compounded cream. The claims administrator referenced a January 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The IMR application suggested that both the complex care coordination services and the ketamine cream were being pursued. In a progress note dated November 4, 2013, the applicant was described as having a flare of low back pain. The applicant was given a refill of a ketamine-containing cream. Prednisone was endorsed. The applicant was described as working as a self-employed landlord. On December 17, 2014, the applicant reported persistent neck and low back pain. The attending provider stated that the applicant was working on a full-time basis, three to four days consecutively. The applicant's medication list included oral diclofenac, baby aspirin, ketamine cream, and Tenormin. A ketamine-containing compound was endorsed. The applicant was asked to continue chronic pain management through quarterly visits with a multidisciplinary team to reduce pain and improve function. Both the complex chronic care coordination services and ketamine-containing compound were endorsed via an RFA form dated January 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complex chronic care coordination services x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 32.

Decision rationale: No, the complex chronic coordination care services-12 sessions was not medically necessary, medically appropriate, or indicated here. Based on the attending provider's description of services, the request is a form of or akin to a chronic pain program/functional restoration program. However, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines notes that one of the cardinal criteria for pursuit of a chronic pain program or functional restoration program is evidence that an applicant has a significant loss of ability to function independently resulting from chronic pain. Here, however, the applicant does not have a significant loss of ability to function. The applicant has, in fact, returned to regular duty work and is apparently tolerating the same. It is not clear, thus, why the applicant cannot continue his recovery and/or rehabilitation through more conventional means, such as conventional outpatient office visits, analgesic medications, etc. Therefore, the request was not medically necessary.