

Case Number:	CM15-0041837		
Date Assigned:	03/12/2015	Date of Injury:	08/08/2005
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old male who sustained a work related injury August 8, 2005, after a slip and fall, with immediate onset of back, hip and radiating leg pain. The initial diagnosis was documented as herniated disc. Past history included L4-5 microdiscectomy / laminectomy 2005, spinal cord stimulator trial and permanent placement with three lead revisions and removal of leads and generator in 2011, and L4-5, L5-S1 decompression. According to a pain clinic physician's progress notes dated January 23, 2015, the injured worker presented with continuing sharp low back pain that radiates to the buttocks, hip, and left groin. He experiences left lower limb numbness to the big toe and top of his foot and uses a cane while ambulating. Diagnoses included failed back surgery syndrome and chronic left groin, left lower limb pain. Treatment plan included multidisciplinary evaluation with psychologist and physical therapist and trial of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: 1 pain clinic PsD/PhD evaluation, 1 pain clinic physical therapy evaluation, 1 team treatment planning meeting, 1 team meeting with patient:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: Multidisciplinary Evaluation: 1 pain clinic PsD/PhD evaluation, 1 pain clinic physical therapy evaluation, 1 team treatment planning meeting, 1 team meeting with patient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the patient would be an appropriate candidate for a chronic pain program if the patient has had previous methods of treating chronic pain that have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement and negative predictors of success above have been addressed. The MTUS states that high levels of psychosocial distress (higher pretreatment levels) of depression, pain and disability are considered a negative predictor of treatment success. The documentation indicates that the patient suffers from anxiety and depression. There is no documentation of psychological counseling and outcome of this counseling. Additionally, the patient was recently started on Cymbalta for muscle and nerve pain but the patient noted that this has helped his mood slightly. The MTUS does not recommend participation in a multidisciplinary pain program without addressing the negative predictors of success. In this case, without evidence of prior psychological treatment and considering patient's work injury dating back to 2005, a multidisciplinary evaluation is not medically necessary.