

Case Number:	CM15-0043842		
Date Assigned:	03/12/2015	Date of Injury:	02/03/2013
Decision Date:	04/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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 44-year-old who has filed a claim for chronic groin pain reportedly associated with an industrial injury of February 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier herniorrhaphy surgery; and various injections in the groin region. In a Utilization Review Report dated February 18, 2015, the claims administrator denied a Health Education for Living with Pain Program evaluation. The request represented a full-day evaluation, apparently as a precursor to pursue a functional restoration program. A January 13, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of groin pain, chronic. The applicant has returned to work, it was suggested in one section of the note. Some sections of progress notes were blurred as a result of repetitive photocopying and faxing. Another section stated that the applicant's pain complaints were minimal to slight. Another section of the same note stated that the applicant had moderate-to-severe pain complaints. The applicant was on Desyrel, Zoloft, Xanax, tramadol, and Motrin. At the bottom of the report, it was suggested that the applicant was not working and was not receiving any income. In yet another section of the note, it was stated that the applicant was receiving total temporary disability benefits. The applicant reported issues with sleep disturbance, depression, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 full day of health education for living with pain program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

Decision rationale: No, the request for a full-day pain program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission of treatment in the multidisciplinary treatment program should be considered in applicants who had prepared to make the effort to try and improve, in this case, however, the bulk of the information on file suggested that the applicant was not, in fact, prepared to make the effort to try and improve. The applicant was off of work, on total temporary disability, as of the date of the request, it was suggested in several sections of January 13, 2015 progress note in question. It did not appear that the applicant was intent on return to the workplace and/or work force. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that another cardinal criteria for pursuit of chronic pain program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the attending provider did not clearly identify why the applicant could not continue his rehabilitation through less intensive means, namely through conventional outpatient office visits, psychotropic medications, psychological counseling, etc. It is further noted that the attending provider's documentation was, at times, internally inconsistent as the attending provider's January 13, 2015 progress note suggested that the applicant was working in certain sections of the note and then stated that the applicant was not working in multiple other sections of the note. Similarly, some sections of the attending provider's note stated that the applicant had minimal-to-slight pain, while other sections of the note stated that the applicant had moderate-to-severe pain. Therefore, the request was not medically necessary.