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| Case Number: | CM15-0056377 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 09/16/1995 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old male patient, who sustained an industrial injury on 9/16/95. The diagnoses include lumbar radiculopathy, left shoulder pain, severe intractable neuropathic pain, lumbar foraminal stenosis and depression. He sustained the injury from sliding sheetrock. On 12/9/14, the orthopedic surgeon indicated that there was not a reasonable surgical option for the injured worker and recommended a pain management or rehab program for pain. Per the PR2 note dated 2/16/15, he had complaints of persistent lower back pain that radiates to the right lower extremity. The physical examination revealed tenderness and decreased range of motion of lumbar spine, positive straight leg raising test and antalgic gait. The current medications list includes oxy IR, xanax, lexapro and tizanidine. He has undergone ORIF of right radius and ulna in 1995 and L5-S1 laminectomy in 1996. He has had lumbar MRI on 6/27/2012. Treatment to date has included a lumbar MRI and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation to assess if patient is a candidate for a functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines, "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; (6) Negative predictors of success above have been addressed." Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Per the cited guidelines, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability). (7) duration of pre-referral disability time; (8) prevalence of opioid use." This patient's date of injury was in 1995 therefore he had an increased duration of pre-referral disability time. Patient is also having a diagnosis of depression. These are negative predictors of efficacy and completion of treatment. The medical necessity of a multidisciplinary evaluation to assess if the patient is a candidate for a functional restoration program is not fully established for this patient.