

Case Number:	CM15-0060381		
Date Assigned:	04/06/2015	Date of Injury:	03/01/1994
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: California

Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 3/15/96. The injured worker was diagnosed as having major depression, chronic pain, general anxiety, attention deficit disorder and sleep disorder. Treatment to date has included oral medication and individual psychotherapy sessions. Currently, the injured worker is reducing the amount of pain medications taken. Physical exam noted a chronically ill appearing woman ambulating with a walker. The treatment plan dated 1/15/15 consisted of refilling oral medications and a follow up appointment with authorization request for 12 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Multidiscipline Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration programs (FRPs) Page 49. Biopsychosocial model of chronic pain Page 25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. 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; (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 have been addressed. Access to programs with proven successful outcomes is required. The primary treating physician's progress report dated 1/20/15 documented that the patient plans on proceeding with her back surgery. Medications were Cymbalta, Adderall, Restoril, Nuvigil, Buspar, and Propranolol. Per MTUS, FRP functional restoration program may be considered medically necessary when all of the following criteria are met: Previous methods of treating chronic pain have been unsuccessful. There is an absence of other options likely to result in significant clinical improvement. The patient is not a candidate where surgery or other treatments. The 1/20/15 progress report documents that the patient is a candidate for back surgery. Therefore, the patient does not satisfy the MTUS criteria for a functional restoration program. Therefore, the request for a comprehensive multidisciplinary assessment is not medically necessary.