

Case Number:	CM14-0117053		
Date Assigned:	08/06/2014	Date of Injury:	01/26/2010
Decision Date:	10/09/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 31 year-old female was reportedly injured on January 26, 2010. The mechanism of injury is noted as a lifting type event. The most recent progress note, dated May 6 2014, indicates that there are ongoing complaints of low back pain and psychiatric disorders. The physical examination demonstrated an altered gait pattern and multiple findings on psychiatric testing. Diagnostic imaging studies objectified multiple level disc desiccation and degenerate changes throughout the lumbar spine. Previous treatment includes multiple medications, physical therapy, injection therapy, conservative care and pain management interventions. A request had been made for multidisciplinary pain program and was not certified in the pre-authorization process on June 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 day of multidisciplinary pain rehab program (physical therapy/therapeutic exercise 5 hours/week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 of 127.

Decision rationale: As outlined in the MTUS, patients with intractable pain who remit of working longer time demonstrated a less likely ability to return to work. Furthermore, the longer the patient suffers from chronic pain and the less likely treatment, including a comprehensive pain program, will be effective. There needs to be a comprehensive evaluation for admission prior to entry into such a program. Additionally, it is noted that selection of treatment must be tailored for the individual case and a "boilerplate" type situation is not acceptable. Furthermore, a demonstration of functional improvement is necessary at various milestones in order to justify continued treatment. an additional criterion is that such programs are recommended where there is access to proven successful outcomes. Seeing none, would be eliminated or to this protocol. Therefore, this request is not medically necessary.

Cognitive behavioral therapy 5 hours a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 of 127.

Decision rationale: When the underlying request for chronic pain program is not clinically indicated, the cognitive behavioral therapy as part of this program is also not medically necessary.

Medication Management 5 hours a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the findings on the physical examination and the relative unchanged clinical situation there is no clear clinical indication presented for such a request. The request is not medically necessary.

Patient education 5 hours a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 of 127.

Decision rationale: When noting that the underlying request for a chronic pain program is not medically necessary this component is also not medically necessary.

Art Therapy/ Music therapy 5 hours a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 of 127.

Decision rationale: When noting that the underlying request for a chronic pain program is not medically necessary this component is also not medically necessary.

Vocational Rehab 5 hours a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 of 127.

Decision rationale: When noting that the underlying request for a chronic pain program is not medically necessary this component is also not medically necessary.