

Case Number:	CM14-0118093		
Date Assigned:	08/06/2014	Date of Injury:	07/24/1996
Decision Date:	10/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 Texas. 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:

Medical records reflect the claimant is a 45 year old male who sustained a work injury on 7-24-96. On this date, the claimant reported that while moving equipment he felt back pain. This claimant has had surgery. Office visit on 7-1-14 notes the claimant reports low back pain. He is treating with medications. Past treatment includes physical therapy x 150 sessions, hypnosis, massage, electrical stim. The claimant's current medications include Oxycontin, Oxycodone, Norco and Flexeril. On exam, the claimant has 5/5 strength, antalgic gait, 1+ reflexes, intact sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete multidisciplinary evaluation for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 13,15, 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain management program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - chronic pain program

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that there should be documentation that the patient has motivation to change, and is willing to change their

medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation and/or willingness to decrease habituating medications. There is an absence in documentation noting that this claimant has motivation to change and that this claimant is aware that the patient is aware that successful treatment may change compensation and/or other secondary gains. Additionally, ODG notes that if a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery. This cautionary statement should not preclude patients off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population. It is noted that this claimant is disabled. This claimant's injury was in 1996. He is noted to be currently disabled. Therefore, the medical necessity of this request is not established.