MAXIMUS Federal Services

| Case Number: | CM14-0095103 | | |
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| Date Assigned: | 07/25/2014 | Date of Injury: | 03/21/2009 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

## 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 Anesthesiology and is licensed to practice in Tennessee. 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 patient is a 55-year-old male who has submitted a claim for chronic pain syndrome, narcotic-induced encephalopathy, opiate dependence and cannabis dependence, associated with an industrial injury date of March 21, 2009. Medical records from 2014 were reviewed. The patient complained of low back pain rated 3-4/10. He is status post spinal fusion at L3-L4 in 2009 and was treated on an outpatient basis to control his pain with chronic narcotic use. He was also diagnosed with opioid dependence for which he was enrolled in a multidisciplinary program and underwent detoxification, stabilization and functional restoration in January 2014. He also has a long history of alcoholism and is a member of [redacted]. The diagnoses were chronic pain syndrome, narcotic-induced encephalopathy, opiate dependence, cannabis dependence, major depression, anxiety, sleep disorder, and lumbar radiculopathy status post L3-4 XLIF fusion. Currently, the patient is off all narcotics but still experiences post acute withdrawal symptoms of slurred speech, cognitive confusion, concrete thinking, depression and anxiety. Treatment to date has included oral analgesics, laminectomy, physical therapy, and psychotherapy. Utilization review from June 12, 2014 denied the request for multidisciplinary program x 32 day's in-patient. There was no documentation of extenuating circumstances or medical and psychological issues that warrant ongoing inpatient stay. The request for multidisciplinary program x 30 days outpatient was also denied. There is limited information that define objective status and progress to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Program X 32 Days Inpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Program Pain Management.

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

**Decision rationale:** Pages 30-32 of the of the CA MTUS Chronic Pain Medical Treatment Guidelines state that inpatient pain rehabilitation programs typically consist of more intensive functional rehabilitation and medical care. They may be appropriate for patients who: don't have the minimal functional capacity to participate effectively in an outpatient program; have medical conditions that require more intensive oversight; are receiving large amounts of medications necessitating medication weaning or detoxification; or have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. In this case, a progress report dated February 12, 2014 showed that patient was already enrolled in a multidisciplinary program and underwent detoxification, stabilization and functional restoration for opioid dependence in January 2014. It also stated that the patient is currently off all narcotics. The guideline requires lack of minimal functional capacity to participate in an outpatient program. Moreover, the medical records do not reflect that patient has a medical condition that requires intensive observation. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Multidisciplinary Program X 32 Days Inpatient is not medically necessary.

**Multidisciplinary Program X 30 Days Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Program Pain Management.

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

**Decision rationale:** As stated on pages 31-32 of CA MTUS Chronic Pain Medical Treatment Guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: an adequate and thorough multidisciplinary evaluation has been made; unsuccessful attempts with conservative treatment options; significant loss of ability to function independently due to the chronic pain; the patient is not a surgical candidate; the patient exhibits motivation to change; and negative predictors of success above have been addressed. The guideline also states that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions. In this case, patient has persistent low back pain. However, there was no evidence of significant loss of ability to function independently. Likewise, patient was noted to have post acute withdrawal symptoms including depression and anxiety. Yet, there was no documentation that psychosocial issues were addressed. Medical records also do not show that an adequate and thorough multidisciplinary

evaluation has been made. The guideline requires that all criteria be met. Moreover, a progress report dated February 12, 2014 showed that patient was enrolled in a multidisciplinary program and underwent detoxification, stabilization and functional restoration for opioid dependence in January 2014. However, duration of treatment was not discussed. It was unclear whether total treatment duration has exceeded guideline recommendation. Response to treatment was also not mentioned. The guideline requires documentation of subjective and objective gains from treatment prior to additional sessions. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Multidisciplinary Program X 30 Days Outpatient is not medically necessary.