

Case Number:	CM14-0095580		
Date Assigned:	07/25/2014	Date of Injury:	04/19/2006
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational Medicine, and is licensed to practice California. 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:

There were 30 pages provided for review. The application for independent medical review was signed on June 23, 2014. This is a referral for the NASP-R program for chronic pain, detoxification and medication. Per the records provided, the employee is a 57-year-old female who has reported a chronic pain condition. The date of injury was back in the year 2006 now about eight years ago. There was ongoing pain in the neck, mid back, low back in both legs. She has been treated with multiple medicines, a CT scan of the lumbar spine, psychological consult and referral for this program. The previous reviewer could not verify that this program had a track record of proven successful outcomes and there was no indication that this claimant has conditions that have resulted in delayed recovery. There was no evidence that a complete diagnostic assessment had been made with a detailed treatment plan of how to address the physiologic, psychological and sociological components that are considered components of the patient's pain. Guidelines were not met for this program. Copies of drug tests were provided. There was a PR-2 from January 14, 2014. There was neck, mid back, low back and bilateral leg pain. The medicines recommended were Norco, Ambien, soma, Neurontin and compounded creams. A CT of the lumbar spine was recommended as well as a psychological consultation. They recommend a TENS unit to be used at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for the NESP-R Program for chronic pain, detox, and medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7 OF 127. Decision based on Non-MTUS Citation J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p. [116 references].

Decision rationale: The Chronic Pain Medical Treatment Guidelines gives a clear role to functional restoration and chronic programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. This patient is 8 year post injury, and the odds of success start dropping significantly after two years. The longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. Moreover, this program is said to be for drug detoxification and a current medication use/misuse assessment was not available. Therefore, the request for referral for the NESP-R program for chronic pain, detox, and medication is not medically necessary or appropriate.