

Case Number:	CM14-0210641		
Date Assigned:	12/23/2014	Date of Injury:	10/18/2011
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 42-year old male with date of injury 10/18/11. The treating physician report dated 11/8/14 (27) indicates that the patient presents with pain affecting the lower back radiating to the left leg, which is associated with tingling and weakness in the left leg as well as numbness in the legs. The pain is constant and moderate in intensity and is rated by the patient as a 7/10. The physical examination findings reveal lumbar forward flexion is 10 degrees and rotation is limited. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, left greater than the right. There is increased pain with piriformis stretching on the left. There is a positive lumbar facet loading maneuver bilaterally, left great than right. There is positive straight leg raise test on the left in the seated and supine position to 15 degrees. There is sacroiliac joint tenderness bilaterally. Prior treatment history includes medications, physical therapy, chiropractic treatment and epidural steroid injections. MRI findings dated 1/14/14 reveal posterolateral disc protrusion with mild bilateral facet arthropathy and foraminal narrowing at L5-S1, central stenosis at L3-L4 and circumferential disc bulge at L4-5. The current diagnoses are: -Lumbar Intervertebral Disc without myelopathy-Lumbago-Continuous opioid type dependenceThe utilization review report dated 11/26/14 (5) denied the request for 1 Multidisciplinary evaluation based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Multidisciplinary evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The patient presents with pain affecting the lower back radiating to the left leg, which is associated with tingling and weakness in the left leg as well as numbness in the legs. The current request is for 1 Multidisciplinary evaluation. The treating physician report dated 11/8/14 (27) states, the patient was advised to discontinue Norco, which he had attempted to do in the past without success. The request for an outpatient opioid detox program is to assist the patient to eliminate his dependence on opioids. MTUS, Weaning of Medications, page 124, recommends, "Patients with complex conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist." Consideration of this request was first made under the weaning of Medications and Detoxification sections. However, there was no mention of a multidisciplinary program being required or an option for opioids. Therefore, the review reverted back to the original request for a "multidisciplinary" evaluation which also includes weaning of opioids as part of its objective. MTUS states that chronic pain programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. 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 (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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 above have been addressed. In this case, the treating records document that the patient has developed a dependence on Norco and is likely suffering from opioid-induced hyperalgesia causing functional limitations during the past month. However, the treating records also note a request for a surgical spine evaluation indicating that the patient may be a candidate for surgery. Therefore, recommendation is for denial.