

Case Number:	CM14-0212909		
Date Assigned:	12/30/2014	Date of Injury:	01/14/2011
Decision Date:	03/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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 & Rehabilitation

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 injured worker (IW) is a 50 year old male, who sustained an industrial injury on January 14, 2011. He has reported low back pain and was diagnosed with shoulder and back injury. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention and physical therapy. Currently, the IW complains of low back pain. The injured worker was noted to have ongoing low back pain. It was reported he required surgical intervention and physical therapy. On 12/5/2014, UR non-certified a request for a chronic pain management program, pain management and psychotherapy evaluation, 12 group sessions with CBT, nutrition and coping education, physical therapy and medications, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 19, 2014, the injured worker submitted an application for IMR for review of the above request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Integrated chronic pain management program (Evaluation by physician & program psychologist, orientation; 12 group sessions 2 x 6 (CBT; Nutrition; P.T. for chronic pain patients/medications to teach chronic pain patients to cope with their condition): 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 Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The patient presents with chronic low back pain. The current request is for chronic pain management program, pain management and psychotherapy evaluation, 12 group sessions with CBT, nutrition and coping education, physical therapy and medications. The treating physician has only provided one page of one report for review. Since the last appointment the patient's symptoms have "stayed." The MTUS guidelines state that all of the following criteria must be met for the general use of multidisciplinary pain management programs: (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 physician has not provided any documentation of evaluations made, previous methods of treating the chronic pain and their success, loss of ability to function independently, surgical candidacy, and patient's motivation to change. Without documentation of the 6 criteria noted above, the current request is not medically necessary and the recommendation is for denial.