

Case Number:	CM14-0218222		
Date Assigned:	01/07/2015	Date of Injury:	02/01/1993
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 72 year old male who sustained an industrial injury on 2/1/1993. He has reported lower back pain, bilateral lower extremities pain and hand pain. Per the Utilization Review and a PR2 dated 11/16/2014, the diagnoses have included major depression with suicide attempts, chronic cervicalgia, bilateral carpal tunnel syndrome and complex regional pain syndrome. Treatment to date has included multiple lumbar surgeries, bilateral carpal tunnel release, right cubital tunnel release, exercise, medication management, spinal cord stimulator placement, psychiatry care and a functional restoration program. Currently, the injured worker complains of depression/panic episodes Alzheimer's disease continued lower back chronic pain. Treatment plan included interdisciplinary reassessment for 1-4 hour visit. On 12/11/2014, Utilization Review non-certified an interdisciplinary reassessment for 1-4 hour visit, noting the lack of medical necessity. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary reassessment x1 visit, 4 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 2/1/1993 . The medical records provided indicate the diagnosis of major depression with suicide attempts, chronic cervicalgia, bilateral carpal tunnel syndrome and complex regional pain syndrome. Per the Utilization Review and a PR2 dated 11/16/2014, treatment to date has included multiple lumbar surgeries, bilateral carpal tunnel release, right cubital tunnel release, exercise, medication management, spinal cord stimulator placement, psychiatry care and a functional restoration program. At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a stepping stone after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.