MAXIMUS Federal Services

Case Number:	CM15-0015562		
Date Assigned:	02/03/2015	Date of Injury:	05/17/2011
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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:

This female sustained an industrial injury on 5/17/11, with subsequent ongoing back and left hip pain. Treatments include Etodolac, Zanaflex and Ultracet. In an evaluation dated 6/20/14, the injured worker complained of frequent pain 6-10/10 on the visual analog scale associated with depression, insomnia and anxiety. The injured worker reported that pain impacted her functionality, mobility, daily activities and vitality. The physician recommended participation in an interdisciplinary pain rehabilitation program.On 1/9/15, Utilization Review noncertified a request for one day Interdisciplinary Pain Management Evaluation citing CA MTUS and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day Interdisciplinary Pain Management 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): 30-32.

Decision rationale: The injured worker sustained a work related injury on 5/17/11 . The medical records indicate the worker is depressed and anxious. Treatments have included Etodolac, Zanaflex and Ultracet. The medical records provided for review do not indicate a medical necessity for One day Interdisciplinary Pain Management Evaluation. The records indicate she was referred for the Functional Restoration Program in 06/2014. However, there was no documentation of treatment outcome. The MTUS states that, "Interdisciplinary pain program: involves a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain". Therefore, considering that the injured worker recently had functional restoration program, a referral for one day Interdisciplinary Pain Management Evaluation should be based on documented evidence of success during the prior treatment. However, the MTUS recommends addressing negative predictors of success before embarking pain management program. The negative predictors of success in this case include depression, the long duration of injury or disability, the use of opioids, the severity of pain. There is no indication these have been addressed.