

Case Number:	CM15-0016769		
Date Assigned:	02/05/2015	Date of Injury:	11/19/2001
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old male who reported an injury on 11/19/2001. There was a Request for Authorization submitted for review dated 12/30/2014. The documentation of 12/18/2014 revealed the mechanism of injury was the injured worker lifted a box from a pallet and turned toward the conveyor belt and something popped in his back. The injured worker underwent back surgery, medications, and a spinal cord stimulator. The documentation of 12/18/2014 revealed the injured worker had a multidisciplinary evaluation including psychological evaluation. The injured worker was noted to be re-evaluated on 01/28/2015 and found to have increased lifting, carrying, pushing, and pulling; 5 minute walk test; and sit to stand was decreased. The arm endurance was decreased minimally. The documentation indicated the baseline evaluation was done on 12/18/2014 and was re-administered on 01/28/2015. The injured worker had objective improvement including the Beck Depression Inventory. There was a 27% reduction in symptoms of depression. Regarding the Beck Anxiety Inventory test, there was 74% reduction of symptoms of anxiety. The injured worker attended 6 contact hours per session; each week was 5 sessions or 30 contact hours and the injured worker completed 10 authorized sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary pain rehab program for twenty days for chronic pain syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30 - 32 and 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so followup with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the injured worker is not a candidate for surgery or other treatments would clearly be warranted, documentation of the injured worker having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation indicating the injured worker had benefit from 10 sessions. The request as submitted failed to provide a date for the requested service. There was a lack of documentation indicating whether the request was the original request or a subsequent request for additional treatment. If this was the original request, there was a lack of documentation supporting longer than 2 weeks of treatment. If it was a secondary request, there was a lack of exceptional factors to support and additional twenty days. The injured worker would be appropriate for an additional 10 sessions given the objective and subjective gains. However, lacking clarification, the request for Multidisciplinary pain rehab program for twenty days for chronic pain syndrome is not medically necessary.