

Case Number:	CM15-0110340		
Date Assigned:	06/16/2015	Date of Injury:	01/18/2002
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on 01/18/2002. The mechanism of injury and initial report are not found in the records received. The injured worker was diagnosed as having failed back surgery syndrome, history of severe low back pain and bilateral lower extremity neuropathic pain, worse on the left than the right , status post implantation of an intrathecal opiate pump. Treatment to date has included pain medications and an intrathecal medication pump. Currently, the injured worker is seen on an urgent basis on 05/07/2015 due to symptoms of severe pain and depression. She has progressive symptoms of numbness, tingling and possible weakness in both upper extremities and in the lower extremities. She recently had an emergency room visit for severe spasms and lockjaw for which she was treated with benzodiazepines. She is trying to decrease her Percocet, Topamax and Klonopin and had been off of the Buspar and Paxil. She was advised to resume these. The concern is for worsening pain, worsening depression, difficulty sleeping and neurological changes that her provider would like assessed by a neurologist. Her gait is antalgic. She has significant muscle spasms and tenderness in the upper back, and tenderness to palpation is present in the cervical muscles and upper back musculature. Range of motion in the arms is decreased and she reports numbness down both arms involving the hands. She has bilateral tremors in her fingers. The plan of treatment includes a neurological referral and an inpatient pain program for comprehensive evaluation. A request is made for an Inpatient Pain Program Comprehensive Evaluation to include MRIs, electro diagnostic studies, and full evaluation and Home Help Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Pain Program Comprehensive Evaluation to include MRIs, electro diagnostic studies, and full evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127, ODG Guidelines web 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 49.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by [REDACTED]. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request does not document an amount of time. This is in excess of the recommendations and thus is not medically necessary.

Home Help Care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services. Recommended only for otherwise recommended medical treatment for patients who are Home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Home health services are recommended for patients who are home bound. The request does not specify an amount of time and this is in excess of recommendation as total amount of time is not specified and therefore is not medically necessary.