

Case Number:	CM15-0119211		
Date Assigned:	06/29/2015	Date of Injury:	01/19/2014
Decision Date:	07/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 34 year old female, who sustained an industrial injury on January 19, 2014. She reported an injury to her right knee and buttocks. Treatment to date has included anti-inflammatory medications, epidural steroid injection, physical therapy, orthotics, acupuncture, work modifications, MRI of the right knee and lumbar spine. Currently, the injured worker complains of low back pain with radicular symptoms into the right lower extremity. She reports an increase in pain in the low back spreading up into the mid back region and reports painful breathing, dizziness in the mornings and morning headaches. She notes that the symptoms began after receiving an epidural steroid injection. On physical examination the injured worker remains guarded upon examination of the low back. Her gait is antalgic and she has significant myofascial painful trigger points in the lumbar thoracic spine. The diagnoses associated with the request include displacement of the lumbar intervertebral disc without myelopathy, fibromyositis, chronic pain syndrome, and low back pain. The treatment plan includes comprehensive interdisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 day, Interdisciplinary Pain Management Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one-day interdisciplinary pain management evaluation is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are displacement lumbar intervertebral disc without myelopathy; fibromyositis; and chronic pain syndrome. According to progress note dated April 24, 2015, the physical examination is notable for tenderness to help patient over the midline (lumbar spine). The worker is in no acute distress and neurologic evaluation is unremarkable. The psychological examination shows the injured worker is depressed. Musculoskeletal examination showed normal gait and posture. According to the progress note dated May 21, 2015, the injured worker had exacerbation of symptoms after a recent epidural steroid injection. Objectively, the injured worker appeared significantly depressed with an antalgic gait. There were significant myofascial trigger points in the lumbar thoracic region. There were no additional objective findings. There is no documentation of a psychological evaluation. There is no documentation of cognitive behavioral therapy. Additionally, there is no documentation the injured worker is not a surgical candidate. There is no objective documentation of significant functional limitations indicating a multidisciplinary pain management program is clinically indicated. An interdisciplinary pain management program is premature in the absence of a psychological evaluation with cognitive behavioral therapy. Consequently, absent clinical documentation of a psychological evaluation with cognitive behavioral therapy and objective evidence of significant functional limitations, one-day interdisciplinary pain management evaluation is not medically necessary.