MAXIMUS Federal Services

Case Number:	CM15-0145787		
Date Assigned:	08/06/2015	Date of Injury:	06/03/2014
Decision Date:	11/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: California
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 28 year old male who sustained an industrial injury on 6-3-14. He had complaints of lower back pain. Diagnostics and treatments include: MRI, nerve conduction study, medication, physical therapy, massage, electrical stimulation, home exercises, cold and heat therapy and psych therapy. Progress report dated 7-13-15 reports continued complaints of constant lower back pain with radiation to the bottom of the left foot. The pain is rated 7 out of 10 with 95% of the pain in his low back and 5% in his left leg. He reports feelings of depression. Findings upon exam for back and lower extremities include: he uses a cane to ambulate with an antalgic gait, he is unable to walk heel to toe, flexion is 35 degrees limited by pain, extension 5% limited by pain, he is unable to squat and had tenderness in mid-line low back. Diagnoses includes: low back pain with leg radiculopathy, vocational interruption and dysfunction with activities of daily living. Plan of care includes: proceed with multidisciplinary evaluations to determine approval for functional restorative program, the following steps would take place; evaluation by pain psychologist and physical therapist, meet as a team to individualize treatment approach, then schedule back to go over recommendations and findings. Work status: totally temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: Regarding the request for an initial evaluation to determine suitability for a functional restoration or chronic pain program, the California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. The MTUS outlines the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is documentation of chronic pain, slower than expected recovery, associated psychosocial issues, and the patient is not deemed a surgical candidate. Given this complicated pain picture, it is appropriate that the patient have an adequate and thorough evaluation with various disciplines involved to assess for all the 6 criteria listed above. Only then can a determination be made as to whether this worker should enter a FRP. The current request is medically necessary.

Pain Clinic evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for an initial evaluation to determine suitability for a functional restoration or chronic pain program, the California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient

exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. The MTUS outlines the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is documentation of chronic pain, slower than expected recovery, associated psychosocial issues, and the patient is not deemed a surgical candidate. Given this complicated pain picture, it is appropriate that the patient have an adequate and thorough evaluation with various disciplines involved to assess for all the 6 criteria listed above. Only then can a determination be made as to whether this worker should enter a FRP. The current request is medically necessary.

Pain Clinic Physical Therapy evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Physical Medicine.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. There have been at least 18 sessions attended to date. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. However, it should be noted that this request for PT is to help evaluate the worker's suitable for entry into a FRP. Given the chronic pain and debility present in this worker, this evaluation is medically necessary.

Team treatment planning meeting: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: Regarding the request for a team planning meeting to determine suitability for a functional restoration or chronic pain program, the California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient

exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. The MTUS outlines the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is documentation of chronic pain, slower than expected recovery, associated psychosocial issues, and the patient is not deemed a surgical candidate. Given this complicated pain picture, it is appropriate that the patient have an adequate and thorough evaluation with various disciplines involved to assess for all the 6 criteria listed above. Only then can a determination be made as to whether this worker should enter a FRP. The current request is medically necessary.

Team meeting with patient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: Regarding the request for a multidisciplinary team meeting to determine suitability for a functional restoration or chronic pain program, the California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success have been addressed. The MTUS outlines the following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: "(1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain." Within the medical information available for review, there is documentation of chronic pain, slower than expected recovery, associated psychosocial issues, and the patient is not deemed a surgical candidate. Given this complicated pain picture, it is appropriate that the patient have an adequate and thorough evaluation with various disciplines involved to assess for all the 6 criteria listed above. Only then can a determination be made as to whether this worker should enter a FRP. The current request is medically necessary.