

Case Number:	CM15-0170076		
Date Assigned:	09/10/2015	Date of Injury:	04/18/2014
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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, California

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 is a 48 year old female who sustained an industrial injury on 4-18-14 when she was walking rapidly she felt a pop in her right knee with swelling. Diagnoses include Psychophysiological (sleep and mood) disorder; right knee pain, right knee internal derangement, patellar tendinitis; degeneration of the lumbar intervertebral disc; regional myofascial pain and chronic pain syndrome. She currently (7-30-15) complains of severe right knee (7-8 out of 10 pain level), right lower extremity, right buttock and low back pain and depression and anxiety. She has increased muscle weakness and above pain has increased over the past week. On physical exam the right knee was swollen, had an effusion and was warm to palpation; there was myofascial tenderness in the lumbar paraspinal and gluteal musculature; she exhibited crying during part of the evaluation. The patient has had antalgic gait, the patient has had depression, anxiety and sleep disturbances. Treatments to date included medications: Citalopram, Effexor, ibuprofen, Imitrex, tramadol, Ultracin 0.025%-28%-10% lotion; rest; injection therapy; physical therapy; psychotherapy. She was compliant with outpatient physical therapy and pain psychology but made little or no progress (7-30-15); she is not a surgical candidate; functional capacity evaluation identified the injured worker at a subsedentary level of function with severe mechanical problems and fear of avoidance behavior and the recommendation was for a more interdisciplinary functional restoration program. In the 7-30-15 progress note the treating provider's plan of care included a request for an interdisciplinary evaluation for more complex treatment planning given the failure of conservative care modalities. The request for authorization dated 8-11-15 requests a one day interdisciplinary full management evaluation. On

8-20-15 utilization review evaluated and non-certified the request for multidisciplinary evaluation based on no significant change in pain level, no objective examples of functional improvement or medication sparing effect with previous treatments. The patient's surgical history include left knee surgery in 2011

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Disciplinary 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): Functional restoration programs (FRPs).

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." The injured worker is a 48 year old female who sustained an industrial injury on 4-18-14 when she was walking rapidly she felt a pop in her right knee with swelling. Diagnoses include Psychophysiologic (sleep and mood) disorder; right knee pain, right knee internal derangement, patellar tendinitis; degeneration of the lumbar intervertebral disc; regional myofascial pain and chronic pain syndrome. She currently (7-30-15) complains of severe right knee (7-8 out of 10 pain level), right lower extremity, right buttock and low back pain and depression and anxiety. She has increased muscle weakness and above pain has increased over the past week. On physical exam the right knee was swollen, had an effusion and was warm to palpation; there was myofascial tenderness in the lumbar paraspinous and gluteal musculature; she exhibited crying during part of the evaluation. The patient has had antalgic gait, the patient has had depression, anxiety and sleep disturbances, she is not a surgical candidate; functional capacity evaluation identified the injured worker at a subsedentary level of function with severe mechanical problems and fear of avoidance behavior and the recommendation was for a more interdisciplinary functional restoration program. The patient's surgical history include left knee surgery in 2011. The pt has chronic pain beyond the expected time for recovery. She is on multiple medications. An initial one time EVALUATION to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time.

