

Case Number:	CM15-0026656		
Date Assigned:	02/26/2015	Date of Injury:	01/13/2013
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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 57 year old female, who sustained an industrial injury on January 13, 2013. The diagnoses have included lumbar facet arthritis, thoracic outlet syndrome, arthropathy of lumbar facet joint, arthropathy of thoracic facet joint, lumbosacral radiculitis, and chronic pain. Treatment to date has included epidural steroid injection (ESI), physical therapy, chiropractic treatments, acupuncture, and medications. Currently, the injured worker complains of low back pain with radiation to mid back, and numbness and tingling in the left lower extremity. The Treating Physician's report dated January 15, 2015, noted the injured worker underwent a transforaminal epidural steroid injection (ESI) which was noted to cause an exacerbation of her pain, and despite conservative care including physical therapy, chiropractic treatments, and acupuncture, the injured worker was unable to return to her previous employment. A MRI of the lumbar spine dated August 28, 2013, was noted to show multi-level degenerative disk disease, mild posterior broad based annular bulge without evidence of central stenosis or neural foraminal compromise, and fluid noted in the right L5-S1 facet joint. A thoracic MRI dated February 27, 2013, was noted to show mild intervertebral disk space narrowing and mild dextroscoliosis with apex at the mid-thoracic spine. Physical examination was noted to show 1+ muscle spasm over the lower lumbar paraspinal. On February 3, 2015, Utilization Review non-certified a multidisciplinary evaluation, noting that the injured worker had not received benefit from prior conservative care with reported significant psychological overlay that had not been fully addressed, with the possible negative predictors of success that had not been addressed, and recommendation by the AME in neurology that the injured worker

did not appear a good candidate for a chronic pain management program. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of a multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multidisciplinary 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; and adequate 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 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; negative predictors of success should be identified. In this case, the injured worker's working diagnoses are arthropathy lumbar facet joint; arthropathy thoracic facet joint; lumbosacral radiculitis; chronic pain; and thoracic outlet syndrome. The injured worker was evaluated in an agreed-upon medical evaluation in neurology on November 24, 2014. The provider did not recommend further treatment other than supervision of medications. The physician also stated the injured worker did not require any additional treatment, unless it is in the mental health domain. The injured worker did not receive a clinical benefit from prior conservative care and the documentation indicates a significant psychological overlay that has not been fully addressed. Given these possible negative predictors of success that have not been addressed by the treating physician and the agreed-upon medical examination recommendations that the injured worker does not appear to be a good candidates for a chronic pain management program, multidisciplinary evaluation is not medically necessary.

