

Case Number:	CM15-0040330		
Date Assigned:	03/10/2015	Date of Injury:	11/12/2013
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 35 year old male, who sustained an industrial injury on November 12, 2013. He has reported lower back pain, leg pain, and headache. Diagnoses have included chronic pain syndrome, adjustment disorder with anxiety and depression, lumbar spine disc displacement, and lumbar spine sprain. Treatment to date has included medications, physical therapy, use of a cane, chiropractic, psychotherapy, and imaging studies. A progress note dated January 13, 2015 indicates a chief complaint of continued lower back pain, headache, dizziness, fatigue, depression, right knee pain and leg numbness, and right arm and shoulder pain. The medical record noted that physical therapy and chiropractic did not help the injured worker, while medications and psychotherapy were beneficial. The treating physician documented a plan of care that included a multidisciplinary pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary pain program x10 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain programs Page(s): 23-24.

Decision rationale: The patient presents with unrated lower back pain, leg pain, and headache. Patient also presents with significant psychological distress secondary to his injury. The patient's date of injury is 11/12/13. Patient has no documented surgical history directed at these complaints. The request is for MULTIDISCIPLINARY PAIN PROGRAM X 10 DAYS. The RFA was not provided. Progress note dated 01/13/15 does not include any physical findings, only contains a review of medical history, a psychological evaluation and treatment recommendations to multidisciplinary pain team. The patient's current medication regimen was not provided. Diagnostic imaging included lumbar MRI dated 05/19/14, significant findings include: "Schmoris node noted at L3-L4 level... L3-L4 diffuse disc protrusion with effacement of the thecal sac measuring 2.9mm on extension." Patient is currently not working. MTUS Pages 23 and 24 have the following to say regarding multidisciplinary pain programs: "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. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy. Criteria for the general use of multidisciplinary pain management programs: 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 the chronic pain have been unsuccessful; 3. The patient has a significant loss of ability to function independently resulting from the chronic pain; 4. The patient is not a candidate where surgery would clearly be warranted; 5. The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & 6. Negative predictors of success above have been addressed." In regard to 10 days of treatment in an outpatient multidisciplinary pain program, the request appears reasonable. This patient appears an ideal candidate for such a program as he has failed several conservative therapies such as physical therapy/medications, is not a candidate for surgery, and has not attended such a program to date. As for the MTUS criteria: there has been a thorough evaluation of this patient's history with psychological baseline testing, documented failure of chronic pain management, and functional impairments. Additionally, per progress note dated 01/13/15, the patient attests to a motivation to change and the treater specifically addresses negative predictors of success. Attendance of such a program over 10 days could produce significant functional and pain improvements for this patient. Therefore, the request IS medically necessary.