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| Case Number: | CM15-0063057 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 08/04/2014 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 39-year-old male, who sustained an industrial injury on 8/04/2014. He reported frequent heavy lifting cumulative trauma. The injured worker was diagnosed as having chronic back pain, possible disc injury L4-5, and a history of right elbow and bilateral knee conditions. Treatment to date has included magnetic resonance imaging of the cervical spine on 9/13/2014, lumbar magnetic resonance imaging on 8/24/2014, bilateral knee magnetic resonance imaging on 8/24/2014, electrodiagnostic studies of the lower extremities on 9/11/2014, chiropractic, acupuncture, extracorporeal shockwave therapy, physical therapy (notes not included), injections, transcutaneous electrical nerve stimulation unit, trigger point impedance imaging, and medications. Currently, the injured worker complains of neck pain, low back pain, and leg pain, right greater than left. A recent denial of physical therapy for his low back was documented, with an appeal under a separate cover. His height was 66 inches and his weight was 227 pounds. His work status was temporarily partially disabled with no lifting over 20 pounds and no repetitive bending, twisting, or carrying. Medications included Tramadol. The treatment plan included a strengthening program for his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ (Active strengthening program) x 12 - Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 46-47, 98-99, 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional restoration program) Page(s): 30-32. Decision based on Non-MTUS Citation ODG, Pain (chronic), Chronic Pain Programs.

Decision rationale: Per internet search, [REDACTED] is a rehabilitation exercise therapy program focused on prevention, treatment, and recovery of spinal conditions. With regard to chronic pain programs, MTUS CPMTG states "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." The criteria for the general use of multidisciplinary pain management programs are as follows: "(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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (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." (There are many of these outlined by the MTUS). The documentation submitted for review indicates that the injured worker has been treated with physical therapy, which was noted as having offered temporary relief of the injured worker's neck and low back pain. The injured worker should have been transitioned to self directed home based therapy. There was no documentation of a baseline evaluation, or failure of previous methods of treating chronic pain. As the criteria is not met, the request is not medically necessary.