

Case Number:	CM15-0071054		
Date Assigned:	04/21/2015	Date of Injury:	02/26/2013
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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 57 year old female, who sustained an industrial injury on 2/28/13. She reported low back pain and lower extremity pain. The injured worker was diagnosed as having brachial neuritis or radiculitis, myalgia and myositis, chronic pain syndrome, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy, chiropractic treatment, L4-5 transforaminal epidural steroid injections, and medications. Currently, the injured worker complains of neck pain with radiation to bilateral shoulders and right upper extremities. Low back pain with radiation to bilateral lower extremities and bilateral hip pain was also noted. The treating physician requested authorization for a 1 day interdisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Interdisciplinary Pain Management Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The 57 year old patient presents with chronic neck pain radiating to bilateral shoulders and right upper extremity, and lower back pain radiating to bilateral hips and bilateral lower extremities, as per progress report dated 03/10/15. The request is for ONE DAY INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION. The RFA for the case is dated 03/26/15, and the patient's date of injury is 02/26/13. Diagnoses, as per progress report dated 03/10/15, included cervical radiculitis, myofascial pain, chronic pain syndrome, and lumbosacral radiculitis. Medications, as per the same progress report, included Naproxen, Gabapentin, Vicodin, Benazepril, Hydrochlorothiazide, Metronidazole and Omeprazole. The patient has been allowed to work with restrictions, as per progress report dated 10/07/14. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). In this case, the patient has received significant conservative care in form of 3 ESIs, 6 plus sessions of PT, and 24 sessions of chiropractic treatment, and "despite what care she has received, she remains physically disabled," as per progress report dated 03/10/15. The patient also has difficulty with activities of daily living. Given the failure of conservative care, the treating physician recommends a functional restoration program and is requesting for an "authorization of a MDE to determine if this is the case." MTUS also requires thorough evaluation of the patient's physical and psychological condition before starting a functional restoration program. Hence, the treater's request for an evaluation appears reasonable, and IS medically necessary.