

Case Number:	CM15-0078040		
Date Assigned:	04/27/2015	Date of Injury:	08/29/2012
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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 40-year-old male, who sustained an industrial injury on 8/29/2012. He reported falling head first from approximately four foot high. Diagnoses include post laminectomy syndrome, status post lumbar surgery, left lower radiculopathy, myofascial pain, and chronic pain syndrome with sleep and mood disorder. Treatments to date include rest, medication therapy, chiropractic therapy, and physical therapy. Currently, he complained of low back pain and left hip pain that remains unchanged. On 3/13/15, the physical examination documented an antalgic gait, diffuse tenderness, markedly decreased lumbar range of motion with painful guarding. The straight leg raise testing was positive on the left side. There was a low mood with flat affect documented. The plan of care included a one day interdisciplinary pain management evaluation. The medication list includes Norco, Ibuprofen and Tylenol. Per the doctor's note dated 4/3/15 patient had complaints of low back pain and bilateral hip pain. The patient has had mild anxiety. The patient has had history of major depression and anxiety. Patient has received an unspecified number of CBT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary pain management evaluation x 1 day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page 30-32. Chronic pain programs (functional restoration programs).

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." Diagnoses include post laminectomy syndrome, status post lumbar surgery, left lower radiculopathy, myofascial pain, and chronic pain syndrome with sleep and mood disorder. Treatments to date include rest, medication therapy, chiropractic therapy, and physical therapy. Currently, he complained of low back pain and left hip pain that remains unchanged. On 3/13/15 the physical examination documented an antalgic gait, diffuse tenderness, markedly decreased lumbar range of motion with painful guarding. The straight leg raise testing was positive on the left side. There was a low mood with flat affect documented. Per the doctor's note dated 4/3/15 patient had complaints of low back pain and bilateral hip pain. The patient has had mild anxiety. The patient has had history of major depression and anxiety. Patient has received an unspecified number of CBT visits for this injury. The patient has chronic pain beyond the expected time for recovery. Patient 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. The request for Interdisciplinary pain management evaluation x 1 day is medically necessary and appropriate for this patient.