

Case Number:	CM13-0035084		
Date Assigned:	12/13/2013	Date of Injury:	05/15/2012
Decision Date:	04/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 70 year old male with a date of injury on 5/15/2012. Patient is being treated for ongoing symptoms in his lower back and foot. Diagnoses include lumbar compression fracture, lumbar radicular symptoms, lumbar degenerative disc disease, calcaneus fracture status post surgery, and severe deconditioning and atrophy of left leg. Subjective complaints are of low back pain with numbness and tingling into the legs with significant functional impairments. Physical exam shows lumbar spine hypersensitivity, decreased range of motion, an antalgic gait, and bilateral positive straight leg raise test. Medications include Ultram and Neurontin. Patient had previously had medial branch blocks with rhizotomy, which provided temporary relief, but without sustained functional improvement. Patient also has undergone unimodal psychological treatment, physical therapy, spinal injections, multiple medications and still continued with chronic pain and disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 31-34.

Decision rationale: CA Chronic Pain Treatment Guidelines recommend multidisciplinary evaluation for patients who have had an adequate/thorough evaluation, previous methods of pain treatment have failed, patient has significant loss of ability to function independently due to chronic pain, patient is not a surgical candidate, and patient exhibits motivation to change. This patient meets criteria for a multidisciplinary evaluation due to having adequate evaluation, previous medications and treatments without benefit, is not a surgical candidate, and is documented as motivated. Therefore, the request for a multidisciplinary evaluation is medically necessary.