

Case Number:	CM13-0055964		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2000
Decision Date:	03/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 44-year-old female who was diagnosed with lumbosacral strain, sciatica, myofascial pain/myositis. The patient's date of injury is 09/04/2000. The patient was seen on 01/06/2014 with chief complaint of back pain. The patient complains of ongoing back pain to the lower back radiating down the legs. The patient describes her pain as aching, sharp, burning, stinging, cramping, shooting, and severe. The patient noted her pain was 8/10 today. As far as functional tolerance, the patient noted she is able to sit, stand, and walk for 20 to 25 minutes at a time. The patient is able to complete activities of daily living with no difficulty, and current medications are Norco 10/325 mg 1 every 4 hours as needed for pain, Biofreeze applied to affected areas as needed for pain, tizanidine 4 mg 1 tablet by mouth twice daily, Lidoderm 5% patch (no frequency or instructions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) day trial of Multidisciplinary Program QTY 10.00:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Program page Page(s): 30-32.

Decision rationale: The Physician Reviewer's decision rationale: The patient is a 44-year-old female seen on 01/06/2014 for a follow-up regarding her injuries and pain. The patient's chief complaint upon arrival to the appointment was back pain. The patient noted that it was 8/10. The patient notes that the pain is ongoing pain in the lower back radiating down the legs. The patient is able to complete activities of daily living with no difficulty, also able to sit, stand, or ambulate for 20 to 25 minutes at a time. On exam, there is tenderness to palpation in the lumbar paraspinal muscles and right IT band, trigger points palpated in the upper trapezius and mid trapezius, lower trapezius. Range of motion of the lumbar spine in forward flexion is 10 degrees, extension 0 degrees, sensation paresthesia noted in the right lateral leg. Noted in the assessment and treatment part of the note is that short acting opioids have worked best for the patient and have allowed her to be independent in terms of daily activities. The patient does have small children at home and this does allow for her to take care of them as well as function at a high capacity for her job. The patient is currently working full time with modified duty as recommended. California Guidelines do note for functional restoration program/multidisciplinary program, the criteria is to adequately and thoroughly evaluate baseline functional tests of the follow-up with the same test and note functional improvement, Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, the patient exhibits motivation to change. The documentation provided does not show, as far as the patient being on an opioid, that a continuous thorough pain assessment is completed as far as the pain the patient is having, the least amount of pain that the patient has previously had from the last appointment, highest level of pain the patient has had, once they have taken the medication, the amount of time that it takes to take effect, and also how much is the pain decreased. At this time, the patient does have some limitations but is able to complete activities of daily living, care for her children, and to work full time with limitations noted. Therefore, the request is non-certified.