

Case Number:	CM13-0067664		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2004
Decision Date:	06/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 51-year-old female who reported an injury on 02/03/2004. The mechanism of injury was not provided in the medical records. Her symptoms included left wrist pain. Her grip strength was noted to be 5/5 bilaterally with normal equal symmetrical thumb forefinger opposition testing against resistance. The injured worker was diagnosed with pain in joint, hand; lumbar disc displacement without myelopathy; cervical disc displacement without myelopathy; bilateral knee pain; therapeutic drug monitoring; long-term use medications not elsewhere classified; chronic pain not elsewhere classified. Past medical treatment included bilateral transforaminal lumbar epidural steroid injection performed on 01/08/2013 and oral medications. Diagnostic studies included an unofficial MRI of the lumbar spine performed on 10/02/2012 which was noted to reveal mild degenerative disc disease, 3 mm broad-based disc bulge, and a new high intensity zone annular fissure at the L5-S1 level. There was mild to moderate facet hypertrophy. There was moderate left and mild right neural foraminal narrowing. At the L4-5 level, mild degenerative disc disease with a 1 mm disc bulge and facet hypertrophy with mild right neural foraminal narrowing and mild central canal narrowing at the level of disc.

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10/02/2012 which was noted to reveal mild degenerative disc disease, 3 mm broad-based disc bulge, and a new high intensity zone annular fissure at the L5-S1 level. There was mild to moderate facet hypertrophy. There was moderate left and mild right neural foraminal narrowing. At the L4-5 level, mild degenerative disc disease with a 1 mm disc bulge and facet hypertrophy with mild right neural foraminal narrowing and mild central canal narrowing at the level of disc. The injured worker is a 51-year-old female who reported an injury on 02/03/2004. The mechanism of injury was not provided in the medical records. Her symptoms included left wrist pain. Her grip strength was noted to be 5/5 bilaterally with normal equal symmetrical thumb forefinger opposition testing against resistance. The injured worker was diagnosed with pain in joint, hand; lumbar disc displacement without myelopathy; cervical disc displacement without myelopathy; bilateral knee pain; therapeutic drug monitoring; long-term use medications not elsewhere classified; chronic pain not elsewhere classified. Past medical treatment included bilateral transforaminal lumbar epidural steroid injection performed on 01/08/2013 and oral medications. Diagnostic studies included an unofficial MRI of the lumbar spine performed on 10/02/2012 which was noted to reveal mild degenerative disc disease, 3 mm broad-based disc bulge, and a new high intensity zone annular fissure at the L5-S1 level. There was mild to moderate facet hypertrophy. There was moderate left and mild right neural foraminal narrowing. At the L4-5 level, mild degenerative disc disease with a 1 mm disc bulge and facet hypertrophy with mild right neural foraminal narrowing and mild central canal narrowing at the level of disc space was noted. The request for authorization was not provided in the medical records. Therefore, the clinical note from the day the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INITIAL INTERDISCIPLINARY EVALUATION TO BE PROVIDED BY THE

[REDACTED]: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of patient's significant loss of the ability to function independently resulting from chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success above have been addressed. The documentation submitted for review indicated the injured workers function was stable, her pain control was good and was currently attempting to decrease her current pain medications. However, the

documentation submitted for review failed to provide evidence of previous unsuccessful methods of treating chronic pain. The documentation also failed to provide evidence of a significant loss of ability to function independently resulting from the chronic pain or documentation of the injured worker not being a candidate where surgery or other treatments would clearly be warranted. Therefore, the request is not supported. Given the above, the request for an initial interdisciplinary evaluation to be provided by the [REDACTED] [REDACTED] is non-certified.