

Case Number:	CM13-0068602		
Date Assigned:	04/25/2014	Date of Injury:	09/11/2013
Decision Date:	05/29/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 California. 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:

According to the records made available for review, this is a 63-year-old male with a 9/11/11 date of injury. At the time (11/6/13) of request for authorization for evaluation with [REDACTED] program, there is documentation of subjective (chronic pain with limited function and difficulty performing activities of daily living) and objective (stiffness and guarding with transfer from sitting to standing, guarded stiff gait, 4 out of 5 muscle strength of the lower extremities bilaterally, reduced lumbar range of motion, and tenderness throughout the spinous processes of the cervical and lumbar regions) findings, current diagnosis (lumbar disc disease), and treatment to date (medications (Norco), modified activity, physical therapy, and chiropractic care). In addition, medical report identifies that the patient is motivated to attend a functional restoration program. Furthermore, 5/6/13 medical report plan identifies that the patient should be evaluated by an orthopedist for the right shoulder to determine surgical intervention. There is no documentation of an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery or other treatments would clearly be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION WITH [REDACTED] PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc disease. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. However, given documentation of a plan identifying that the patient should be evaluated by an orthopedist for the right shoulder to determine surgical intervention, there is no (clear) documentation of an absence of other options likely to result in significant clinical improvement; and the patient is not a candidate where surgery or other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for evaluation with [REDACTED] program is not medically necessary.