

Case Number:	CM14-0006523		
Date Assigned:	03/03/2014	Date of Injury:	08/06/2010
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 40 year old with an injury date on 8/6/10. Based on the 12/9/13 progress report provided by [REDACTED] the diagnosis is chronic back pain with features of right radiculitis and an MR I which shows disc degeneration at the L4-L5 level and annular tearing. Exam of L-spine on 12/9/13 showed "normal lumbar contour well preserved. Gait pattern normal. Paraspinal palpitation from L1 to sacrum shows no tenderness or spasm bilaterally. Range of motion is guarded and painful, significant tenderness to palpation throughout the lumbar paraspinal region right more than left." [REDACTED] is requesting outpatient multidisciplinary evaluation. The utilization review determination being challenged is dated 1/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/5/13 to 2/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MULTIDISCIPLINARY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 30-32

Decision rationale: This patient presents with lower back pain rated 9-10/10, shooting, constant left wrist pain and is s/p wrist surgery from 1/11/13 for left wrist endoscopic release. The treater has asked outpatient multidisciplinary evaluation on 12/9/13 because "patient would potentially benefit significant from an organized intense program of FRP." Patient reinjured back on 8/13/10 and returned to modified duty on 8/19/10, and patient is still working with severe lifting restrictions as of 11/30/13 report. 12/19/13 report states patient has recently been laid off, and has tried physical therapy, chiropractic, acupuncture, injections without significant improvement since original injury 3 years prior. In addition, patient exhibits "depressive symptoms and "is very frustrated his back pain has gone on this long. [Pain] is weighing on his motivation even for simple activities of daily living" per 12/19/13 report. MTUS recommends multidisciplinary pain management programs when (1) an adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) The patient has significant loss of function from chronic pain (4) The patient is not a candidate for surgery (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, the patient has undergone conservative treatment and has worked in a modified capacity without significant improvement for 3 years, has recently been laid off, and the treater has asked for an evaluation for FRP. The patient was already functioning at a highest level possible and it is not known what more can be accomplished in terms of pain control to improve function. This patient does not present with a significant loss of function to potentially benefit from FRP. The patient is not working due to loss of a job and not due to uncontrolled chronic pain. The request is not medically necessary.