

Case Number:	CM14-0009986		
Date Assigned:	02/21/2014	Date of Injury:	05/01/2012
Decision Date:	08/26/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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 33-year-old female who has submitted a claim for asthma, lumbago, and depressive symptoms associated with an industrial injury date of 12/26/2013. The medical records from 2013 were reviewed. The patient complained of low back pain without radicular symptoms, weakness, or numbness of bilateral lower extremities. The patient also reported depressive symptoms related to her chronic pain. The physical examination showed slight raspy sounds without wheezing noted. The treatment to date has included physical therapy and intake of medications. The utilization review from 12/27/2013 denied the request for multidisciplinary evaluation to determine if appropriate for a functional restoration program (FRP) because negative predictors of success were present (i.e., depression and anxiety) that should initially be addressed prior to enrollment to FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION TO DETERMINE IF APPROPRIATE FOR A FUNCTIONAL RESTORATION PROGRAM(ONE TIME,ALL DAY CONSULTATION WITH 3 PROVIDERS AND PSYCHOLOGICAL TESTING FOR INTERDISCIPLINARY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As stated on pages 31-32 of California MTUS Chronic Pain Medical Treatment Guidelines, criteria for FRP participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, and negative predictors of success have been addressed, etc. In this case, patient has persistent low back pain leading to difficulty in performing activities of daily living. However, patient also reported depressive symptoms related to her chronic pain. Negative predictors of success, such as her concomitant depression, were not addressed well in the records submitted. Moreover, there is no evidence that conservative care has been exhausted. As the patient would not appear to meet guidelines criteria for FRP participation, there is no indication for an evaluation. Therefore, the request for multidisciplinary evaluation to determine if appropriate for a functional restoration program is not medically necessary.