MAXIMUS Federal Services

Case Number:	CM14-0104207		
Date Assigned:	07/30/2014	Date of Injury:	11/20/2013
Decision Date:	09/26/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 & 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:

This is a 63-year-old female with a 11/20/13 date of injury. The mechanism of injury was not noted. According to a 4/15/14 progress report, the patient continued to complain of low back pain rated a 6/10. The patient had just been authorized for physical therapy and a request for epidural steroid injection (ESI) was pending. Objective findings: significant guarding and pain behavior, lumbar flexion is 20 degrees and extension is 10 degrees, tenderness in the lumbar spine, reflexes diminished but symmetrical. Diagnostic impression: low back pain, lumbar spondylosis. Treatment to date: medication management, activity modification, physical therapy.A UR decision dated 6/13/14 denied the request for multidisciplinary evaluation to assess if patient is a candidate for functional restoration. There is no documentation of physical therapy progress reports and the pain MD at evaluation on 5/14/14 had not reviewed the MRI. The outcome of the ESI referral is awaited and there is no evidence of a psychological assessment and barriers to delayed recovery and patient goals and motivation are not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. This is a request for a multidisciplinary evaluation for a functional restoration program. There is no documentation that conservative treatment options for pain have been exhausted. In fact, it is noted that the patient has yet to undergo physical therapy that has recently been approved. In addition, the request for an epidural steroid injection is pending approval. Furthermore, the provider has recommended that the patient can return to work with modified duties; however, the patient was somewhat disputing the return to work issue. There is no documentation that the provider has addressed this negative predictor of success in a functional restoration program. Therefore, the request for Multidisciplinary evaluation was not medically necessary.