MAXIMUS Federal Services

Case Number:	CM14-0015862		
Date Assigned:	03/07/2014	Date of Injury:	06/06/2001
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 73 year old female whose date of injury is 06/06/2001. The patient tripped on a board and had an onset of pain in her right leg. She has attempted to return to her job after the injury, but she retired in 2005. Treatment to date includes [redacted] program in 2012 and 2013. The patient underwent right facet injections at L3-4, L4-5 and L5-S1 on 09/13/13 with 98% improvement. Progress report dated 02/12/14 indicates that the patient continues to complain of low back pain rated as 5/10. The patient is noted to have a history of bilateral arthroscopic knee surgery in 1982 and 1989. Medications include Blinded Pain Cocktail, Bystolic, Citalopram, Clonazepam, Diphenoxylate/Atropine, Furosemide, Gabapentin, Lisinopril, Pantoprazole, Propranolol, Tramadol, Trazodone, Warfarin. Lumbar range of motion is extension 0, flexion 65, bilateral lateral flexion 5, left rotation 5 and right rotation 0 degrees. The patient subsequently underwent right facet injections at L4-5 and L5-S1 on 02/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **PROGRAM CONSULTATION:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Programs (Functional Restoration Programs), 30-32.

Decision rationale: Based on the clinical information provided, the request for [redacted] program consultation is not recommended as medically necessary. The submitted records indicate that the patient previously completed the [redacted] program. CA MTUS guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. Additionally, the patient's date of injury is over 12 years old, and the patient retired in 2005. CA MTUS Guidelines generally do not recommend [redacted] program for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. Therefore, the request of [redacted] program consultation is not medically necessary and appropriate.