

Case Number:	CM14-0123238		
Date Assigned:	08/08/2014	Date of Injury:	02/20/2005
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 45 year old male who reported an injury on 02/20/2005 due to an unknown mechanism of injury. The injured worker was diagnosed with lumbar radiculitis, lumbar postlaminectomy syndrome, low back pain, and lumbar spinal stenosis. The injured worker was treated with medications, injections, spinal cord stimulator, and surgery. The injured worker had 2 previous lumbar fusions on unknown dates and transforaminal epidural steroid injections at bilateral L2-3 on 06/16/2014. On 07/15/2014, the injured worker complained of worsening back and bilateral leg pain symptoms rated 9/10 as well as feeling depressed. The injured worker stated he was unable to perform activities of daily living and walked with a cane. The injured worker scored an 18 on PHQ9 on 07/15/2014. The injured worker was prescribed ibuprofen 800mg twice a day, nortriptyline 25mg 3 times a day, and tizanidine 6mg 3 times a day. The treatment plan was for a multidisciplinary evaluation. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 07/15/2014.

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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Multidisciplinary evaluation is not medically necessary. The injured worker complained of worsening back and leg pain symptoms bilaterally rated 9/10 and feeling depressed. The injured worker had stated he was unable to perform activities of daily living and walked with a cane. The injured worker scored an 18 on PHQ9. The California MTUS guidelines note prior to entry into chronic pain management, an adequate and thorough evaluation should be made. The guidelines recommend functional restoration programs when 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, the patient exhibits motivation to change and is willing to forgo secondary gains, and negative predictors of success have been addressed. The injured worker's medical records lack documentation of efficacy of other methods used to treat his pain. The injured worker's medical records do not indicate the trial and failure of medications and physical therapy. The requesting physician did not provide objective quantifiable documentation which demonstrated significant functional deficits. As such, the request for Multidisciplinary evaluation is not medically necessary.