

Case Number:	CM14-0133045		
Date Assigned:	08/22/2014	Date of Injury:	10/23/2012
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurology 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 injured worker is 57 year old right hand dominant male with a reported date of injury of October 23, 2012. The mechanism of injury is described as a back strain while moving potted plants from a delivery truck. The injured worker reports pain in the cervical spine, in the thoracic region (specifically in the infra-scapular region of the right side) and in the lower back. A progress note dated February 20, 2014 reports the injured worker has a pain level of an average of 7/10. The exam is notable for a decrease of range of motion in the cervical spine in flexion, extension and lateral movements. The evaluation of the thoracic spine is only notable for areas that are tender to palpation (T6-T7 and T9-T10). The thoracic spine evaluation does not indicate any restriction in range of motion. The Neurological examination is reported as normal including the strength, reflexes and sensory examination. An MRI for the cervical spine dated June 24, 2008 reveals evidence of a degenerative disc disease at multiple levels in the cervical spine with borderline significant central stenosis at C3-C4, C5-C6 and C6-C7. The results of a Lumbar Spine MRI dated February 4, 2013 are also included showing evidence for multilevel disc disease including an L5-S1 right paracentral 2 mm disc protrusion impinging the right S1 nerve root, moderate central canal stenosis at the L4-L5 level and mild central canal stenosis at the L3-L4 level. The injured worker has previously underwent ten sessions of physical therapy and has used a TENS unit in the past. The injured worker has also been prescribed pain medications including Tylenol #4, Zanaflex and is using Restoril to help him sleep. A previous request for a one day multidisciplinary evaluation was determined to not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Day multidisciplinary evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: Although the California MTUS Guidelines do not specifically address a one day multidisciplinary evaluation, the reason to obtain such an evaluation is for the use of a multidisciplinary pain management program for treatment. The criteria to use such a program includes the criteria that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, there is no documentation provided that proves the treatment plan for the injured workers chronic pain has been unsuccessful and there are no other options for pain management. In the absence of such supporting documentation, the necessity to seek an evaluation by a multidisciplinary team is not medically necessary. In addition, there is no evidence in the documentation provided to report the injured worker does not have the ability to function independently because of the chronic pain. This is additional criteria established for the use of multidisciplinary pain management programs. As such, the request for a one day multidisciplinary evaluation is not medically necessary.