

Case Number:	CM14-0133723		
Date Assigned:	08/25/2014	Date of Injury:	09/04/2012
Decision Date:	10/03/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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 injured worker is a 47 year old female paralegal whose date of injury is 09/04/12 when she tripped and fell. The injured worker noted pain in her neck, back, right shoulder, right hip, and left knee. The injured worker was treated conservatively with chiropractic (over 24 visits) and medications (cyclobenzaprine, naproxen, pantoprazole). Per Panel Qualified Medical Exam dated 06/28/13, her neck pain subsequently resolved, but she continued with low back pain which does not radiate to the lower extremities. Supplemental Qualified Medical Exam report dated 08/24/13 reported additional diagnostic studies were ordered on previous visit and are now available. Electrodiagnostic studies of the upper and lower extremities were normal with no evidence of carpal or cubital tunnel syndrome; no evidence of cervical or lumbar radiculopathy. X-rays of the lumbar spine were noted to show significant disc space narrowing at L5-S1. The injured worker subsequently was treated with physical therapy and acupuncture, with mild to moderate relief. The injured worker was seen on 07/18/14 with continuing low back pain rated 6/10. The injured worker denies any radiating pain down the lower extremities. The injured worker is not taking any medications at this time other than Atarax and Remeron prescribed by her psychiatrist. On examination the injured worker has mildly restricted lumbar spine range of motion in all planes with mild tenderness to palpation along the lower lumbar paraspinous muscles. The injured worker has full strength in both lower extremities with intact sensation and negative straight leg raise bilaterally. Her PHQ-9 score was 22/30 indicating severe depression. A request for multidisciplinary evaluation was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Disciplinary Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 503

Decision rationale: Per American College of Occupational and Environmental Medicine, a referral for consultation may be indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The injured worker does not meet inclusion criteria for a functional restoration program in that there are negative predictors of success present as the injured worker has high levels of psychosocial distress with severe depression despite psychiatric treatment and the use of psychotropic medications. It also is noted that the injured worker has had benefit from other methods of treating chronic pain as she had improvement with physical therapy, chiropractic, and acupuncture. Based on the clinical information provided, the injured worker does not meet inclusion criteria for a multidisciplinary pain management/functional restoration program. Consequently, there is no medical necessity for multidisciplinary consultation.