

Case Number:	CM14-0163878		
Date Assigned:	10/08/2014	Date of Injury:	05/16/2007
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 years old male with an injury date on 05/16/2007. Based on the 09/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical disc with radiculitis 2. Lumbar disc with radiculitis 3. Degeneration of lumbar disc 4. Degeneration of cervical disc 5. Neck pain According to this report, the patient complains of an increase of neck pain with radiation to the left upper extremity, lower back pain, and lower extremity pain. Pain is rated as a 9/10. Physical exam reveals decreased cervical range of motion. Tenderness is noted over the lumbar paraspinal muscles at L5-S1. Straight leg raise and facet loading test are positive. The patient smokes an average 11-20 cigarette a day and is "not ready to quit." Physical exam findings from 06/26/2014 and 07/14/2014 reports remain unchanged. The patient had CESI with 80% improvement of pain and LESI with 70% improvement of pain. There were no other significant findings noted on this report. The utilization review denied the request on 09/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/2014 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Multidisciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines MTUS functional restoration program Page(s): 49.

Decision rationale: According to the 09/03/2014 report by [REDACTED] this patient presents with an increase of neck pain with radiation to the left upper extremity, lower back pain, and lower extremity pain. The treater is requesting decision for 1 multidisciplinary evaluation. Regarding functional restoration programs, MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including patient's disability, motivation, negative predictors, etc. In this case, the patient has been suffering from chronic pain for over 7 years and an evaluation for Functional Restoration Program is quite reasonable and consistent with MTUS. The requested Multidisciplinary Evaluation is medically necessary and appropriate.