

Case Number:	CM14-0175722		
Date Assigned:	10/29/2014	Date of Injury:	07/17/2012
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/24/2014

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 Preventive 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:

According to the records made available for review, this is a 33-year-old male with a 7/17/12 date of injury, and status post L4-5 lumbar discectomy 2/26/14. At the time (10/13/14) of request for authorization for Multidisciplinary Evaluation x 1, Psych Evaluation. x 1, Physical Therapy Evaluation x 1, and treatment Planning meeting, x 1 team meeting with patient, there is documentation of subjective (chronic pain) and objective (significant guarding, limited range of motion) findings, current diagnoses (chronic low back pain, history of L4-5 and L5-S1 herniated nucleus pulposus and lumbar discectomy/laminectomy 11/13), and treatment to date (medications, epidural steroid injections, facet injections, physical therapy, and TENS). 9/30/14 medical report identifies that [REDACTED] is recommending facet injections. There is no documentation that there is an absence of other options likely to result in significant clinical improvement and that the patient is not a candidate where other treatments would clearly be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, history of L4-5 and L5-S1 herniated nucleus pulposus and lumbar discectomy/laminectomy 11/13. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and that the patient exhibits motivation to change. However, given 9/30/14 medical's report documentation that [REDACTED] is recommending facet injections, there is no documentation that there is an absence of other options likely to result in significant clinical improvement. In addition, there is no documentation that the patient is not a candidate where other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Multidisciplinary Evaluation x 1 is not medically necessary.

Psych Evaluation x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, history of L4-5 and L5-S1 herniated nucleus pulposus and lumbar discectomy/laminectomy 11/13. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and that the patient exhibits motivation to change. However, given 9/30/14 medical's report documentation that [REDACTED] is recommending facet injections, there is no documentation that there is an absence of other options likely to result in significant clinical improvement. In addition, there is no documentation that the patient is not a candidate where other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Psych Evaluation x 1 is not medically necessary.

Physical Therapy Evaluation x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, history of L4-5 and L5-S1 herniated nucleus pulposus and lumbar discectomy/laminectomy 11/13. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and that the patient exhibits motivation to change. However, given 9/30/14 medical's report documentation that [REDACTED] is recommending facet injections, there is no documentation that there is an absence of other options likely to result in significant clinical improvement. In addition, there is no documentation that the patient is not a candidate where other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy Evaluation x 1 is not medically necessary.

Treatment Planning meeting, x 1 team meeting with patient.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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; 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, history of L4-5 and L5-S1 herniated nucleus pulposus and lumbar discectomy/laminectomy 11/13. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and that the

patient exhibits motivation to change. However, given 9/30/14 medical's report documentation that [REDACTED] is recommending facet injections, there is no documentation that there is an absence of other options likely to result in significant clinical improvement. In addition, there is no documentation that the patient is not a candidate where other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for treatment Planning meeting, x 1 team meeting with patient is not medically necessary.