

Case Number:	CM14-0183121		
Date Assigned:	11/07/2014	Date of Injury:	03/30/2006
Decision Date:	12/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine and is licensed to practice in Louisiana. 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 52-year-old female who reported an injury on 03/30/2006. The mechanism of injury was not included in the documentation submitted for review. Her diagnoses were noted to include chronic pain syndrome, lumbar spine sprain and strain with intermittent radicular symptoms, left knee status post multiple surgeries, and left ankle status post-surgery. Past treatments were noted to include psychological treatment, cognitive behavioral therapy, home exercise program, physical therapy, and medications. The injured worker's pertinent diagnostic studies and surgical history were not included in the documentation submitted for review. On 09/11/2014 the injured worker complained of low back pain radiating up into her mid back down into both her buttocks and legs including her shins and her left knee. She rated her pain at 5/10. Documentation also noted the injured worker was willing to do whatever she could to control her pain better and to get back to some type of gainful employment. The injured worker's medications were noted to include Norco and gabapentin. The documentation did not include a treatment plan. The provider's rationale for the multidisciplinary evaluation was to better direct her treatment. A Request for Authorization dated 09/24/2014 was included in the documentation submitted for review.

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): 31-32.

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

Decision rationale: The request for 1 multidisciplinary evaluation is medically necessary. The California MTUS guidelines recommend multidisciplinary evaluations when previous methods of treating chronic pain have been unsuccessful; the injured worker has significant loss of ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would be warranted; and the injured worker exhibits motivation to change. The medical records provided indicate the injured worker was status post several surgeries and continued to have residual pain and deficits. The injured worker has received psychological treatment. The injured worker reported she was willing to do whatever she could to control her pain better and to get back to some type of gainful employment. The provider requested the evaluation to better direct the injured worker's treatment. Given the injured worker's chronic pain syndrome, continued deficits, and ongoing psychological treatment, a multidisciplinary evaluation would better gauge and assess the injured worker's future treatment. As such, the request is medically necessary.