

Case Number:	CM14-0022071		
Date Assigned:	05/09/2014	Date of Injury:	06/19/2012
Decision Date:	08/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational 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:

This is a 41-year-old male with a June 16, 2012 date of injury to his back and shoulder after lifting a heavy truck battery. The patient was seen on October 15, 2013 with complaints of 10/10 pain. Exam findings revealed slow deliberate movements which were exaggerated and deliberate slow exam movements to get n the exam table. The physician reported seeing the patient driving in his SUV whereas the patient reported difficulty driving secondary to pain. A diagnosis of Malingering was given. A progress note dated November 1, 2013 described a treatment plan for an L4/5 discectomy, foraminotomy, and facetectomy. The patient was seen on November 5, 2013 for ongoing low back and right leg pain. Exam findings revealed generalized tenderness in the spine with 4-/5 strength of right dorsi and plantar flexion, as well as diminished sensation in the anterior foot. The patient received an FRP evaluation on 1/6/14 stating he needed assistance for ADL's such as bathing, dressing, and chores. He endorsed difficulty with bowel and bladder dysfunction. Apparently, the patient was a surgical candidate but was denied for surgery by his insurance company. He also was noted to have a diagnosis of depression. A surgery scheduling form dated January 31, 2014 planned for a right L4/5 discectomy. The diagnosis is depression, right lumbar radiculopathy, and lumbar disc herniation. MRI September 14, 2013 L spine: multilevel disc bulges with mild to moderate bilateral recess narrowing at L4/5 with abutment of the L5 nerve root (but no displacement noted). Annular fissure at L3/4 with mild narrowing of the bilateral lateral recesses. Minimal changes from prior MRI. Treatment to date: medications, physical therapy. An adverse determination was received on February 3, 2014 poor predictors of success such as malingering and depression have not been addressed. In addition, the patient was apparently a surgical candidate but there was no documentation to reveal why surgery was recommended but denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP EVALUATION: Upheld

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 Page(s): 31-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. This patient has a June 16, 2012 date of injury with MRI findings of bilateral recess narrowing at L4/5. He complains of difficulty with bladder and bowel control. His conservative treatment to date is not clear. The patient was found to be malingering with regard to exaggerating his symptoms. He has had an FRP (functional restoration program) evaluation already on January 6, 2014, so it is unclear why another is needed. In addition, a surgery scheduling form dated January 31, 2014 states the patient was to undergo a L4/5 discectomy. The patient exhibits multiple poor predictors for success and is a surgical candidate. Therefore, the request for a HELP evaluation was not medically necessary or appropriate.