

Case Number:	CM14-0027681		
Date Assigned:	06/13/2014	Date of Injury:	10/20/2012
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine 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 34 year old female with an injury date of 10/20/12. Based on the 01/29/14 progress report provided by [REDACTED], the patient complains of bilateral low back pain and pain around the right hip and buttocks. The pain radiates to the right lower extremities. The patient has stiffness and spasms of the lower back. She also feels depressed because she is not able to do many things. The patient's diagnoses include displacement of lumbar intervertebral disc without myelopathy and spasm. [REDACTED] is requesting for one day interdisciplinary pain management evaluation. The utilization review determination being challenged is dated 02/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 06/18/13-06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE-DAY INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs), page(s) 49 Page(s): 49. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, 2nd Edition (2004), Chapter: 7, page 127.

Decision rationale: According to the 01/29/14 report by [REDACTED], the patient presents with bilateral low back pain and pain around the right hip and buttocks. The request is for one-day interdisciplinary pain management evaluation. ACOEM page 127 states "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The MTUS also supports functional restoration program but requires an evaluation to determine whether or not such a program will benefit the patient. Therefore the request is medically necessary.