

Case Number:	CM14-0030805		
Date Assigned:	06/20/2014	Date of Injury:	10/23/2006
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 and is licensed to practice in Texas. 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 53 year old male who reported an injury on 10/23/2008. The mechanism of injury was not provide for review. The injured worker's diagnoses included right hand status post right carpal tunnel release with a recurrence of symptoms, chronic intractable low back pain secondary to lumbosacral degenerative disc disease, failed back syndrome, status post lumbar surgeries, anxiety, depression, and chronic pain syndrome. The injured worker's treatment history included multiple medications and psychological support. The injured worker was evaluated on 01/06/2014. It was documented that the patient's Depakote and Saphris had been discontinued and that the injured worker had not been sleeping in spite of pharmacological intervention. It was noted that the injured worker's medication was changed from Percocet to Norco and the patient appeared to be tolerating Norco well. It was noted that there was no observation of abberant behavior. Physical findings included restricted range of motion secondary to pain with tenderness to palpation of the lumbar paraspinal musculature and tenderness to palpation of the right ventral wrist. It was noted that the injured worker suffered from psychological issues that needed to be addressed prior to consideration of a functional restoration program. A request for authorization form was made for a multidisciplinary evaluation on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refferal for multidisciplinary evaluation, psychology testing/evaluation, PT evaluation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management (Functional Restoration Program) Page(s): 30.

Decision rationale: The MTUS Chronic Pain Guidelines recommends that all negative predictors be addressed prior to consideration for a functional restoration program. The clinical documentation does indicate that the patient has considerable emotional deficits that would interfere with maximal effort and compliance with a multidisciplinary program. The clinical documentation failed to provide any evidence of significant progress due to psychological treatment. Therefore, a functional restoration program would not be indicated at this time. As such, the request is not medically necessary or appropriate.