

Case Number:	CM14-0033459		
Date Assigned:	06/20/2014	Date of Injury:	12/28/2012
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 28 year-old patient sustained an injury on 12/28/12 while employed by [REDACTED]. Request(s) under consideration include Referral for Multidisciplinary Evaluation. Diagnoses include lumbar DDD (Degenerative Disc Disease)/ lumbar radiculopathy; thoracic pain; muscle spasm. Conservative care has included physical therapy, acupuncture, home exercise program, modified activities, and lumbar MBB (Medial Branch Block) at bilateral L3, L4, L5, and S1 on 11/8/13 without relief and LESI (Lumbar Epidural Steroid Injection) on 3/29/13, 7/5/13, and 10/4/13 with "wearing off" relief. Report of 2/26/14 from the provider noted ongoing chronic low back pain radiating down right leg rated at 8/10 without medications and 5-6/10 with. Quality of sleep is reported as normal. Exam showed antalgic gait without assistive device; tenderness at T5 spinous process; restricted lumbar range in all planes; paravertebral muscle spasm; heel and toe walk are normal; positive right facet lumbar loading test; motor strength 5-5/5 in lower extremities with normal sensory exam and negative SLR. Medications list Norco #90, Colace, and Celebrex. Treatment included meds refills, referral for FRP (Functional Restoration Program) evaluation. Request(s) for Referral for Multidisciplinary Evaluation was non-certified on 3/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Multidisciplinary Evaluation: 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): 30-34, 49.

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of failed conservative independent exercise program, failed medication use or narcotic abuse, significant functional limitations in ADLs (Activities of Daily Living) described or psychological issue with failed attempt at CBT (Cognitive Behavioral Therapy) to better cope with chronic pain. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any specific neurological deficits demonstrated, on chronic opioid medication. There is also no psychological issues noted and the patient has normal sleep, on fairly low dose of Norco with good symptom control, continues to work modified, remaining independent with HEP (Home Exercise Program) for this 2012 injury. Therefore, the request for Referral for Multidisciplinary Evaluation is not medically necessary and appropriate.