

Case Number:	CM14-0038733		
Date Assigned:	06/27/2014	Date of Injury:	02/06/2013
Decision Date:	07/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Family 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 injured worker's date of injury is 02/06/13. This injured worker had an accident while driving a forklift and felt immediate pain in the lower back. On 02/05/13 the patient had an MRI of the lumbar spine. On physical exam there is muscle spasm in the lumbar and mid thoracic regions. Reflexes are brisk and symmetric. Straight leg raising is normal. Past surgical history includes surgery to correct a rotator cuff tear. Her diagnoses include lumbar spondylosis with myofascial restriction and depression. This worker has not returned to work. The list of current medications include lorazepam 1/2 1 mg, Pristiq 1/2 50 mg, Advil 6 tabs 200 mg PRN, and Aspirin (ASA) 3 tabs 325 mg PRN. The patient has received treatment in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Program: 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 MTUS Chronic pain programs Page(s): 30 - 32.

Decision rationale: This injured worker receives treatment for chronic neck and low back pain. The patient takes a short acting benzodiazepine and a short acting opioid, in addition to two nonsteroidal anti-inflammatory drugs. The medical literature reveals little scientific evidence for the effectiveness of multidisciplinary rehabilitation programs. Another confounding variable are the appropriate screening tools used in the selection of suitable candidates. At present time, more research is needed to validate the selection criteria for entry into these programs. The request for the [REDACTED] Program is not medically indicated.