

Case Number:	CM14-0042219		
Date Assigned:	06/30/2014	Date of Injury:	01/22/2008
Decision Date:	08/20/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on January 22, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 18, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities with numbness and tingling in the left foot. Current medications include naproxen and Lexapro. The physical examination demonstrated decreased range of motion of the cervical and lumbar spine and tenderness over the cervical and lumbar spine paraspinal muscles. Neurological examination noted decreased muscle strength on the left ankle and decreased sensation at the medial and lateral aspect of the left-hand. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic therapy and the use of an H wave unit. A request had been made for a multidisciplinary evaluation to include a psych evaluation, Physical Therapy evaluation, and a comprehensive interdisciplinary report and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation (MDE) to include psych evaluation, PT evaluation, and comprehensive interdisciplinary report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Chronic Pain Programs Page 30-34 of 127 Page(s): 30-34 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for participation in a multidisciplinary pain management program includes that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement as well as the injured employee have significant loss of ability to function independently resulting from chronic pain. According to the attached medical record there is no indication that other treatment methods have an exhausted nor is there any evidence that the injured employee has an inability to function independently due to chronic pain. For these reasons this request for a multidisciplinary evaluation to include a psych evaluation, Physical Therapy evaluation, and a comprehensive interdisciplinary report is not medically necessary.