

Case Number:	CM14-0064730		
Date Assigned:	07/11/2014	Date of Injury:	11/21/2006
Decision Date:	09/17/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/07/2014

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:

The claimant sustained a work injury on 11/21/06 while working as a lead Gardner. He was cleaning out drains and developed sharp low back pain when lifting. Treatments have included epidural steroid injections and medications including gabapentin, morphine, Soma, and Norco. An MRI in May 2013 is reported as showing an L1-2 disc protrusion with annular tears and disc bulging at L4-5 and L5-S1. He was seen on 03/12/14. He had not had a treating physician in 6-7 months and had been treated by multiple other physicians. He was having difficulty sleeping and was having constant pain radiating into the right leg with numbness and tingling. Pain was rated at 6-9/10. His past medical history included diabetes, anxiety, and depression. Physical examination findings included ambulating slowly with a stooped posture. He had right lumbar paraspinal tenderness with decreased and painful range of motion. There was a positive right straight leg raise and decreased right lower extremity reflex. Diagnoses were chronic pain syndrome, anxiety, depression, and chronic low back pain with disc herniation and spinal stenosis. An evaluation for a Functional Restoration Program was recommended. Physical therapy and a psychological evaluation were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic low back pain. His prior treatments are poorly described but there is reference to treatments by multiple prior providers. Functional restoration programs are recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. In this case, the need for a multidisciplinary evaluation was not established. The review of the claimant's prior treatments and response to treatment is inadequate. Guidelines recommend that the initial evaluation of patients with chronic pain include a thorough medical history. Therefore, the request is not medically necessary and appropriate.