MAXIMUS Federal Services

Case Number:	CM14-0071496		
Date Assigned:	07/16/2014	Date of Injury:	09/13/2012
Decision Date:	10/07/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/16/2014

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 Internal 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:

The injured worker is a 51 year old male whose date of injury is 09/13/2012. The injured worker was leaning over the side of his truck to access equipment and supplies when he felt a sharp pulling pain in the low back. Progress note dated 06/27/14 indicates that diagnoses are right arm pain, left arm sprain/strain, right carpal tunnel syndrome, mild, lumbosacral sprain/strain, lumbar spine degenerative disc disease and disc bulges with osteophyte complexes from L3-4 through L5-S1. The injured worker last worked on the date of injury. Treatment to date includes physical therapy, epidural steroid injections and medication management. He has been recommended for multidisciplinary evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DAY 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): 30-32.

Decision rationale: Based on the clinical information provided, the request for one day multidisciplinary evaluation is not recommended as medically necessary. The submitted records

indicate that the evaluation has been recommended prior to enrollment in a functional restoration program. The injured worker has not worked since 09/13/14. CA MTUS guidelines generally do not recommend functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The submitted records fail to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. Therefore, medical necessity of the requested evaluation is not established in accordance with CA MTUS guidelines.