MAXIMUS Federal Services

Case Number:	CM14-0078727		
Date Assigned:	09/18/2014	Date of Injury:	10/08/2012
Decision Date:	10/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 & 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 60 year old patient had a date of injury on 10/8/2012. The mechanism of injury was falling down some stairs. In a progress noted dated 7/28/2014, the patient complains of bilateral knee pain left greater than right with muscle spasms in back. There is ongoing pain in lower back and bilateral legs. It radiates down through the hips and thighs and down legs. On a physical exam dated 7/28/2014, there is decreased sensation to light touch noted in medial and lateral left leg. The patient is taking ketoprofen powder, Lidoderm patches, and tizanidine tablets. The diagnostic impression shows lumbar degeneration, sacroilitis, knee strain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 5/28/2014 denied the request for consultation with PM&R for functional restoration program, Consultation with Psychologist for functional restoration program, consultation with physical therapist for functional restoration program, stating that because of certification of the requested multidisciplinary evaluation, a separate consultation with PM &R, psychologist, and physical therapist would be unnecessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a PM&R for Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient complains of constant pain despite attempts at conservative therapy, including physical therapy, acupuncture, and medications. It was also noted that this patient is not a surgical candidate. However, due to the fact that a multidisciplinary evaluation has already been certified in the UR decision on 5/28/2014, separate evaluation with PM&R would be not necessary. Therefore, the request for consultation with PM&R for functional restoration program was not medically necessary.

Consultation with a Psychologist for Functional Restoration 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 Page(s): 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient complains of constant pain despite attempts at conservative therapy, including physical therapy, acupuncture, and medications. It was also noted that this patient is not a surgical candidate. However, due to the fact that a multidisciplinary evaluation has already been certified in the UR decision on 5/28/2014, separate evaluation with psychologist would be not necessary. Therefore the request for consultation with psychologist for functional restoration program was not medically necessary.

Consultation with Physical Therapist for Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient complains of constant pain despite attempts at conservative therapy, including physical therapy, acupuncture, and medications. It was also noted that this patient is not a surgical candidate. However, due to the fact that a multidisciplinary evaluation has already been certified in the UR decision on 5/28/2014, separate evaluation with physical therapist would

be not necessary. Therefore the request for consultation with physical therapist for functional restoration program was not medically necessary.