MAXIMUS Federal Services

Case Number:	CM13-0022854		
Date Assigned:	03/14/2014	Date of Injury:	07/08/2011
Decision Date:	04/14/2015	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 30 year old male, who sustained an industrial injury on 07/08/2011. He has reported subsequent back pain and was diagnosed with lumbosacral sprain, lumbar disc herniation and left L5 radiculopathy. Treatment to date has included oral pain medication, epidural steroid injections and physical therapy. In a progress note dated 08/26/2013, the injured worker complained of continued significant low back pain with decreased range of motion. Objective physical examination findings were not documented during this visit. A request for authorization of a comprehensive multidisciplinary pain program was made. On 09/09/2013, Utilization Review non-certified a request for a comprehensive multidisciplinary pain program per diem, noting that the nature, scope and outcome of prior conservative interventions were not elaborated in the record. The guidelines that were referenced were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE MULTIDISCIPLINARY PAIN PROGRAM PER DIEM: Overturned

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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Chronic Pain Programs Page(s): 6, 25, 30-34 of 127..

Decision rationale: The California MTUS guidelines indicates that the criteria for participation in a multidisciplinary pain program includes documentation that previous methods of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. The attached medical record does indicate that there has been previous participation in physical therapy as well as prescriptions of oral medications, and administration of epidural steroids. The UR physician asserted that their denial was based upon the fact that it is unclear what efficacy these treatments have had. I respectfully disagree, as the notes from [redacted] and [redacted] have noted the results were insufficient to improve function despite the IW being motivated to do so. The request is medically necessary.