

Case Number:	CM14-0127725		
Date Assigned:	10/08/2014	Date of Injury:	02/19/2010
Decision Date:	01/21/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family 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:

Patient had a date of injury on 2/19/2010. Patient has had low back pain dating back to 1982. On 2/9/10 patient went to sit on a chair and ended up striking the chair with some force. She had immediate low back and tailbone pain. Patient had a 6 week functional restoration program in 2012. The patient has had x-rays, bone density, lumbar MRI, medications, chiropractic treatments, aqua therapy, physical therapy, occupational consultation, cane for ambulation, lumbar epidural steroid injections, and pain management. On the latest progress note by the treating physician on 7/28/14 patient continued to complain of low back pain with radiation to the left leg. Diagnosis include: Lumbosacral spondylosis without myelopathy, Displacement of lumbar intervertebral disc without myelopathy.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain programs Page(s): 30.

Decision rationale: According to guidelines - As noted, one of the criticisms of interdisciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. (Gatchel, 2006) The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. According to patients medical records there is a negative outlook for future employment as well as psychosocial distress and prevalence of opioid use which would make a multidisciplinary functional program not medically necessary.