

Case Number:	CM14-0189514		
Date Assigned:	11/21/2014	Date of Injury:	03/24/2008
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

Female injured worker with date of injury 3/24/08 with related low back pain. Per progress report dated 10/24/14, the injured worker complained of pain radiating down the lower extremities with an aching, burning, and stabbing sensation rated 8/10 in intensity. Per physical exam, the injured worker walked with a slow non-antalgic gait using a cane. There was full strength in both upper and lower extremities with intact sensation and negative straight leg raise bilaterally. There was mild tenderness along the right medial epicondyle. Treatment to date has included physical therapy, and medication management. The date of UR decision was 11/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31 and 32.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27, Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients

with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement (3) The patient has a significant loss of ability to function independently resulting from the chronic pain (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided) (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change (6) Negative predictors of success above have been addressed" (there are many of these outlined by the MTUS). The documentation submitted for review does not indicate a significant loss of ability to function independently, failure of other methods of treating chronic pain, or intention to return to work. As a functional restoration program is not indicated, a multidisciplinary evaluation is not medically necessary.