

Case Number:	CM14-0193369		
Date Assigned:	12/01/2014	Date of Injury:	12/03/2006
Decision Date:	01/14/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/19/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42 year old male with an injury date of 12/03/06. Based on the progress report dated 10/06/14, the patient complains of right lower back and right inguinal pain along with left wrist pain. Physical evaluation reveals tenderness in left wrist, right paralumbar region from L2 to L5-S1, and right trochanteric and inguinal areas. Anteflexion of trunk on pelvis allows for flexion of 25 degrees, extension of 10 degrees, left and right rotation of 10 degrees, left lateral flexion of 10 degrees, and right lateral flexion of 5 degrees. The patient also suffers from gastroesophageal reflux disease, as per another progress report with the same date. In progress report dated 09/29/14, the patient complains of low back pain radiating to the entire right lower extremity from buttock to ankle, rated at 7/10. The patient has also been diagnosed with major depressive disorder, as per psychiatric report dated 06/02/14. The patient is using Norco and Lidoderm pain patches to manage the pain, as per progress report dated 10/06/14. The patient has received physical therapy and chiropractic care over the years with little benefit, as per progress report dated 09/29/14. The patient has also relied on other types of conservative treatments including two epidural steroid injections, e-stim, home exercises, stretching program, heat, cold, and psychotherapy, as per the same physician's report. The patient is on modified duty status, as per progress report dated 10/06/14. He is currently not working, as per progress report dated 09/29/14. MRI of the Lumbar Spine, 07/07/08, as per progress report dated 09/29/14, 6 mm disc extrusion posteriorly to the right with narrowing of the right neural foramen at L4-5, 4 mm disc protrusion posterior central aspect with associated annular tear. Electrodiagnostic Consultation, 08/14/12, as per AME report dated 07/21/14: Chronic lumbar radiculopathy involving L5 and S1 nerve roots. Diagnoses, 10/06/14: Chronic lumbar back pain due to L5-S1 disc extrusion with L5-S1 disc bulge. Chronic right leg radicular symptoms and findings. Chronic left wrist pain,

status post trauma. Chronic depression. Abdominal pain secondary to medications. Right inguinal pain probably due to his lumbar disc herniation. Right wrist ganglion cyst of unknown etiology. Left shoulder sprain from a fall sustained in July 2014. The treater is requesting for 1 Multidisciplinary Evaluation to Include 1 Pain Clinic Psych Evaluation, 1 Pain Clinic Pt Evaluation, 1 Team Treatment Planning Meeting With The Patient. The utilization review determination being challenged is dated 10/25/14. The rationale for denial was based on the patient's diagnosis of major depressive disorder and continued opioid use. Treatment reports were provided from 01/08/14 - 10/06/14. Diagnoses, 10/06/14: Chronic lumbar back pain due to L5-S1 disc extrusion with L5-S1 disc bulge. Chronic right leg radicular symptoms and findings. Chronic left wrist pain, status post trauma. Chronic depression. Abdominal pain secondary to medications. Right inguinal pain probably due to his lumbar disc herniation. Right wrist ganglion cyst of unknown etiology. Left shoulder sprain from a fall sustained in July 2014. The treater is requesting for 1 Multidisciplinary Evaluation To Include 1 Pain Clinic Psych Evaluation, 1 Pain Clinic Pt Evaluation, 1 Team Treatment Planning Meeting With The Patient. The utilization review determination being challenged is dated 10/25/14. The rationale for denial was based on the patient's diagnosis of major depressive disorder and continued opioid use. Treatment reports were provided from 01/08/14 - 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 multidisciplinary evaluation to include 1 pain clinic psych evaluation, 1 pain clinic PT evaluation, 1 team treatment planning meeting, and 1 team meeting with patient:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) and Chroni.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The patient presents with low back pain radiating to the entire right lower extremity from buttock to ankle, rated at 7/10, as per progress report dated 09/29/14. He also complain of right inguinal and left wrist pain in progress report dated 10/06/14. The request is for 1 Multidisciplinary Evaluation To Include 1 Pain Clinic Psych Evaluation, 1 Pain Clinic Pt Evaluation, 1 Team Treatment Planning Meeting With The Patient. MTUS pages 30-33 has the following: Chronic pain programs (functional restoration programs): Chronic pain programs, early intervention: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks." In progress report dated 09/29/14, the treater says that the patient "desperately wants to go back to work and

support his family." The treater believes that "the next logical step would be proceeding with multidisciplinary evaluations to determine if he would be an appropriate candidate for an MTUS and ODG approved functional restoration program to provide education on appropriate pain control strategies, exercise, flare up control, relaxation, biofeedback and self-management, allowing him to begin renormalizing his life, activities and vocation." Available progress reports reflect that the patient has received conservative care in for of physical therapy, chiropractic care, two epidural steroid injections, e-stim, home exercises, stretching program, heat, cold, and psychotherapy. However, he continues to have a pain rated at 7/10, as per physician's report dated 09/29/14. The treater states that the patient is not working and is unable to support his family at home. Patient is in a challenging situation and may benefit from a functional restoration program via multidisciplinary approach. This request is medically necessary