MAXIMUS Federal Services

Case Number:	CM15-0002778		
Date Assigned:	01/13/2015	Date of Injury:	07/30/2001
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old male who reported an injury on 07/30/2001. The mechanism of injury was not specifically stated. The current diagnoses include postlumbar laminectomy syndrome and degenerative arthritis of the left knee. The injured worker presented on 12/22/2014 with complaints of 10/10 low back pain with radiation into the right lower extremity. Upon examination, there was a very antalgic gait, marked depression, tenderness over the low back, left L5 weakness, decreased sensation in the left lateral thigh, and edema in the bilateral lower extremities. It was noted that the injured worker had been told that he was a surgical candidate for the left knee. However, the injured worker declined surgical intervention at that time. The injured worker had severe low back and leg pain. The provider indicated that the injured worker was a good candidate for a functional restoration program. A Request for Authorization form was then submitted on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary evaluation/addictionology evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The current request is for a multidisciplinary evaluation prior to a functional restoration program. However, there is no indication that this injured worker is currently a candidate for a functional restoration program. It was noted that the injured worker was a candidate for left knee surgery. There is no evidence of any previous failed attempts at weaning the injured worker from the current medication regimen of Norco 10/325 mg. There is also no documentation of the injured worker's current work status or return to work plan. Given the above, the request is not medically appropriate at this time.