

Case Number:	CM15-0130393		
Date Assigned:	07/17/2015	Date of Injury:	06/03/2011
Decision Date:	08/12/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 43-year-old male, who sustained an industrial injury on 6/03/2011. Diagnoses include status post 11/2013 L5-S1 microdiscectomy and laminectomy with chronic radiculopathy, L4-5 and L5-S1 facet arthropathy with facet syndrome and mild reactive depression. Treatment to date has included surgical intervention (lumbar microdiscectomy and decompression left L5-S1 on 11/18/2013) as well as conservative measures including home stretching, topical medications, modified work and physical therapy. Per the Primary Treating Physician's Progress Report dated 5/05/2015, the injured worker reported 85% worsening of his back pain. He rates his pain today as 6/10; his usual pain is 3/10. He attributes the increase in pain to working on his knees with frequent bending. 90% of his pain is in his back and 5% in each leg. He uses Terocin lotion twice daily, which has significantly helped him with his back pain. Physical examination revealed the right iliac crest higher than the left when he was standing. Lumbar flexion was to 70 degrees, extension to 20 degrees, which elicited low back pain, side bend bilaterally, was 20 degrees, rotation with extension to the right was 20 degree and pain free, and to the left was 20 degrees and elicited sharp left low back pain. The plan of care included a functional restoration program evaluation and continuation of topical medications. Authorization was requested for one time multidisciplinary consultation with medical provider network.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) time multidisciplinary consultation within medical provider network: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustains a work injury in June 2011 and continues to be treated for performing demolition chronic back pain. When seen, he was having increasing low back and left buttock pain since performing demolition at work. He had restarted taking Naprosyn and was using topical cream. Physical examination findings included pain with lumbar spine range of motion. There was lumbar spine and left sacroiliac joint tenderness. Seated straight leg rising was negative. A Functional Restoration Program can be recommended for selected patients with chronic disabling pain. In this case, the claimant is able to work at least at a medium physical demand requirement. He does not have disabling pain. The requested multidisciplinary evaluation is not medically necessary.