

Case Number:	CM15-0132704		
Date Assigned:	07/20/2015	Date of Injury:	08/31/2004
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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, Hawaii
 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 64-year-old female who sustained an industrial injury on 8/31/2004 resulting in low back pain. She has been diagnosed with low back pain, lumbosacral degenerative disc disease, history of lumbosacral herniated nucleus pulposus, herniated L4-5 disc with extruded fragment, and depression and anxiety. Treatment has included physical therapy which she reported as helping symptoms, and medication. The injured worker continues to complain of constant low back pain which she states affects her functioning and mood. The treating physician's plan of care includes one multidisciplinary evaluation for pain management, psychological testing, physical therapy input regarding activities of daily living, evaluation by pain therapy, a comprehensive interdisciplinary report, and attendance of 4 days a week for 5 weeks at a functional restoration program. Documentation related to present work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Multidisciplinary evaluation to include: Pain Management, Psychologist for Psych Testing , input from physical therapist for ADL's (activities of daily living), evaluation by Pain therapy and Comprehensive Interdisciplinary report: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288; 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents with pain affecting the low back. The current request is for One Multidisciplinary evaluation to include: pain management, psychologist for Psych Testing, input from physical therapist for ADLS, Eval by Pain therapy and Compressive interdisciplinary report. The treating physician states in the report dated 7/2/15, "Dr. B's June 19, 2015 report clearly documents the Medical Necessity for the Multidisciplinary Evaluation including the patient's pain behaviors not responsive to other medical treatment, continued pain behaviors that have not been evaluated through psychological evolution to determine if any psychosocial interventions are indicated, and physical therapy evaluation to determine if functional improvement can be achieved for her low back pain." The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the treating physician has documented that the patient has been unresponsive to medical treatments provided by this doctor and that they would like to refer the patient to other specialists to help evaluate better treatment options for the patient. The current request is medically necessary.

One Functional restoration program which includes 5 hours per day. 4 days a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The patient presents with pain affecting the low back. The current request is for One Functional restoration program which includes 5 hours per day, 4 days a week for 5 weeks. The treating physician states in the report dated 7/2/15, "The patient does meet the criteria for Multidisciplinary evaluation, and very well may be a candidate for a Functional Restoration Program, to improve her function, reduce pain medication and improve quality of life." (4B) The MTUS guidelines state, "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. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy &

occupational therapy (including an active exercise component as opposed to passive modalities)." In this case, the treating physician has already requested the patient has a Multidisciplinary evaluation, which the patient is a candidate for. Once a more thorough evolution has been made, a functional restoration program may be appropriate. Currently, there is no documentation that the patient has had an adequate and thorough evaluation with baseline functional testing or that the patient is not a candidate for surgery. The current request is not medically necessary.