

Case Number:	CM15-0139686		
Date Assigned:	08/04/2015	Date of Injury:	07/12/2014
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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 58 year old female, who sustained an industrial injury on 7-12-14. She has reported initial complaints of a low back injury after a slip and fall. The diagnoses have included right low back pain possible facet syndrome. Treatment to date has included medications, activity modifications, ice, medial branch block, radiofrequency ablation, chiropractic and traction. Currently, as per the physician progress note dated 6-29-15, the injured worker complains of continued low back pain. She underwent right medial branch radiofrequency ablation that was non-effective. She describes increased low back pain for the past 15 days. She reports pain is 4 out of 10 on pain scale with medications and 8 out of 10 without medications. She reports that she has not been able to increase her activities of daily living (ADL) or home chores and she would like to go back to work however, the back pain is preventing her from doing so. The diagnostic testing that was performed included x-rays of the lumbar spine. The current medications included Metaxalone, clonazepam and Aleve. The physical exam reveals that the injured worker is teary eyed throughout the visit, lumbar flexion is 60 degrees and extension is 15 degrees. The physician notes that in an effort for her to return to work the next logical step is a multidisciplinary evaluation. The physician requested treatment included Multidisciplinary Evaluation (1 Pain Clinic PhD or Phyd Eval, 1 Pain Clinic Physical Therapy Evaluation, 2 Team TX Planning Mtg, 1 Team Mtg with Patient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation (1 Pain Clinic Phd Or Psyd Eval, 1 Pain Clinic Physical Therapy Eval, 2 Team TX Planning Mtg, 1 Team Mtg W/Patient): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: The patient was injured on 07/12/14 and presents with low back pain. The request is for a MULTIDISCIPLINARY EVALUATION (1 PAIN CLINIC PHD OR PSYD EVAL, 1 PAIN CLINIC PHYSICAL THERAPY EVAL, 2 TEAM TX PLANNING MTG, 1 TEAM MTG W/ PATIENT) to determine if she 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 her to begin renormalizing her life, activities, and vocation. The utilization review determination rationale is that adequate medication use following the recent lumbar procedure, with flare up, is not evident. The patient has not settled to her baseline pre-procedure level and the prior serial reports had not evidenced a significant loss of independent functioning and it is not evident adequate current treatment to address flare up associated with recent spinal interventional procedure. The RFA is not provided and the patient is not currently working. MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The patient is tender in the lower back and has a limited range of motion. She is diagnosed with right low back pain possible facet syndrome, vocational interruption, and dysfunctional ADLs. Treatment to date has included medications, activity modifications, ice, medial branch block, radiofrequency ablation, chiropractic and traction. Given the patient's chronic low back pain and lack of progress with conservative care, a functional restoration program may be an option. An evaluation to determine the patient's candidacy IS medically necessary.