

Case Number:	CM15-0163694		
Date Assigned:	08/31/2015	Date of Injury:	07/17/2014
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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(n) 44 year old female, who sustained an industrial injury on 7-17-14. She reported pain in her lower back, head and neck after falling backwards and striking her head against the side of her desk. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, neck sprain and concussion with no loss of consciousness. Treatment to date has included a lumbar MRI on 1/5/15, a cervical MRI on 3-4-15, Norco, Naprosyn and Orphenadrine. On 7-30-15 the injured worker reported continued cognitive difficulties and pain in her neck, back and sacral area. As of the PR2 dated 8-8-15, the injured worker reports constant neck, back and sacral pain that was worsened by recent attempt to return to modified duties. The treating physician requested a multidisciplinary evaluation with resumption of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation with "ROC": Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP.

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

Decision rationale: The claimant sustained a work injury in July 2014 after falling backwards and striking her head. Reported injuries included a fracture of the coccyx. The claimant was seen in the Emergency Room in June 2015 with a worsening of symptoms. She had run out of Naprosyn, Norco, and a muscle relaxant. A Toradol injection was administered with significant benefit. Norco, Flexeril, and Naprosyn were prescribed and she was discharged. When seen, she was having constant neck, back, and sacral pain. She had increased pain after recently attempting to return to modified work. At the previous visit neurology and pain management evaluation were pending. She had been seen by an orthopedic surgeon and no spinal surgery was being recommended. Physical examination findings were not recorded. In terms of a Functional Restoration Program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, neurological and pain management evaluations are pending and the claimant has benefited from prior treatments including medications. High dose opioid medications are not being prescribed. The presence of chronic disabling pain with loss of independent function is not documented. A multidisciplinary evaluation is not medically necessary.