

Case Number:	CM15-0186346		
Date Assigned:	09/28/2015	Date of Injury:	11/10/2006
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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 57 year old male, who sustained an industrial injury on 11-10-2006. The medical records indicate that the injured worker is undergoing treatment for lumbar disc with radiculitis and degeneration. According to the progress report dated 8-18-2015, the injured worker presented with complaints of continuing low back pain with radiation down the left lower extremity, associated with new numbness, tingling, and weakness in the bilateral lower extremities, left greater than right. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the lumbar spine did not reveal any significant findings. The current medications are Ibuprofen. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, TENS unit and bilateral transforaminal lumbar epidural steroid injection (moderate, but temporary results). Work status is described as permanent and stationary. The original utilization review (9-2-2015) had non-certified a request for multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The patient was injured on 11/10/06 and presents with low back pain and lower extremity pain. The request is for a Multidisciplinary evaluation. There is no RFA provided and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had any prior multidisciplinary treatments. 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 has an antalgic gait and uses a cane. He is diagnosed with lumbar disc with radiculitis, degeneration of lumbar disc, and lumbar radiculopathy. Treatment to date includes medication management, TENS unit, and bilateral transforaminal lumbar epidural steroid injection (moderate, but temporary results). The 08/18/15 report continues to state that the patient is "still suffering considerable pain and anguish from the injury. He clearly has some psychological barriers impeding his recovery and improvement. He continues to decline physically and mentally and needs support in both of these areas in order to improve. He has completed a variety of treatments both passive and interventional in the past some improvement but temporal in result. He needs to have a multidisciplinary evaluation to address this problem." 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.