MAXIMUS Federal Services

Case Number:	CM15-0202133		
Date Assigned:	10/19/2015	Date of Injury:	04/22/2014
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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 28 year old male who sustained an industrial injury on 4-22-14. The medical records indicate that he injured worker is being treated for lumbar sprain-strain and myofascial pain, stable; cervical sprain-strain and myofascial pain-stable; left cervical brachial myofascial pain syndrome, stable; chronic pain syndrome, improving. He currently (8-26-15) complains that chronic pain interferes with his activities of daily living; he has a significant loss of ability to function independently, is unable to perform physical-recreational activities but is motivated to improve. On physical exam his neck and low back show diffuse tenderness and decreased range of motion. The merits of a multidisciplinary treatment plan were discussed with the goal being to provide the injured worker with tools to manage his pain with minimal medication and outside therapies. On 7-27-15 he complained of constant, shooting, radiating low back pain with a pain level of 4 out of 10. On physical exam there was tenderness to palpation of the lumbar spine with decreased range of motion. The 11-13-14 emergency room note the provider indicates that the injured worker presented with severe low back pain causing muscle spasms but no pain down the leg. He was sent home from this visit with Norco and Robaxin. Treatments to date include cognitive behavioral sessions; medications: Pamelor, Vicodin, diazepam, Naprosyn he has been on Norco; physical therapy; cognitive behavioral therapy with benefit regarding an increased tolerance for work functions and activities of daily living, strength and endurance have increased, reliance on other forms of treatment has remained unchanged; chiropractic therapy; acupuncture. The request for authorization dated 9-4-15 was for multidisciplinary evaluation. On 9-14-15 Utilization Review non-certified the request for a 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 General Approaches 2004, Section(s): Prevention.

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

Decision rationale: The patient was injured on 04/22/14 and presents with low back pain and neck pain. The request is for a MULTIDISCIPLINARY EVALUATION. The utilization review denial letter did not provide a rationale. The RFA is dated 09/04/15 and the patient is on modified work duty as of 08/26/15 with no lifting over 10 pounds and no climbing. 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 diagnosed with lumbar sprain-strain and myofascial pain, stable; cervical sprain-strain and myofascial pain-stable; left cervical brachial myofascial pain syndrome, stable; chronic pain syndrome, improving. Treatment to date includes cognitive behavioral sessions; medications; physical therapy; cognitive behavioral therapy; chiropractic therapy; acupuncture. The goal of the multidisciplinary treatment plan is to provide the patient with the tools to manage his pain with minimal medications or outside therapies. The patient is highly motivated and prepared to make the effort to do whatever they can do to more effectively manage his pain and return to gainful employment. 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.