MAXIMUS Federal Services

Case Number:	CM15-0207976		
Date Assigned:	10/26/2015	Date of Injury:	03/11/2013
Decision Date:	12/08/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old male with a date of injury on 3-11-13. A review of the medical record indicates that the injured worker is undergoing treatment for chronic lower back pain. Summary report for dates 9-14-15 to 9-16-15 reports significant improvements since starting the functional restorative program started on 8-3-15. He was an excellent participant and is prepared to continue his exercise program at home. MRI lumbar spine 3-29-13 showed L5-SI with annular disk bulge with moderate right neural foraminal narrowing. Treatments include: medications, physical therapy, functional restorative program, epidural steroid injections and right L5-SI microhemilaminotomy, medial facetectomy and microdiskectomy. Request for authorization was made for Interdisciplinary Reassessment (4 hr). Utilization review dated 10-20-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary Reassessment (4 hr): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

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

Decision rationale: MTUS Guidelines do not recommend recurrent multidisciplinary evaluations for individuals who have completed a full functional restoration program. This individual is opined to be at a MMI statues in the very near future and has been discharged to his primary care physician. Periodic follow up by the treating physician is medically reasonable and if his exercise program can be advanced there is no reason why this could not be evaluated and recommend by a physical therapist. There are no unusual circumstances to recommend an exception to Guidelines, the request for the Interdisciplinary Reassessment (4 hr) is not supported by Guidelines and is not medically necessary.