

Case Number:	CM15-0208905		
Date Assigned:	10/29/2015	Date of Injury:	02/19/2014
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 48 year old male who sustained an industrial injury February 19, 2014. Past history included diabetes and hypertension. Past treatment included medication, physical therapy, and 80 hours of a functional restoration program. Diagnoses are low back pain, chronic; degeneration of the lumbar disc; left lower extremity radicular pain with evidence of radiculopathy; depression; obesity. A most recent office visit dated September 16, 2015, the injured worker presented with pain in his lower back and left leg and foot which he describes as no change and no new symptoms. He reported: "he has reached a state where he will never get better and there is no point in trying as it is inevitable that he will continue to deteriorate". Current medication included Lidoderm patch. Objective findings included; 5'7" and 267 pounds; mood is depressed; affect is mood congruent but tends towards full range; thought process is goal directed without loose association or flight of ideas; insight is poor, very concrete thinking, catastrophizing, black and white thinking, and pain avoidant and fear avoidant behavior; suicidality, no intent or plan. Treatment plan included possible referrals to a pain psychologist and a surgeon. At issue, is the request for authorization for a multidisciplinary task ability profile (ADL exam) 2 units. According to utilization review dated October 9, 2015, the request for multidimensional task ability profile (ADL exam) (2) units per 09-24-2015 order Quantity: (1) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidimensional task ability profile (ADL exam), 2 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Online Version, Multidimensional task ability profile (MTAP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Section, Interdisciplinary task ability profile.

Decision rationale: Pursuant to the official disability guidelines, multi-dimensional task ability profile (MTAP), two units per September 24, 2015 order is not medically necessary. MTAP is recommended acceptance by a payer is an option, when the required documentation of objective functional outcomes. According to the ODG, and restoration of function should be the primary measure of treatment success. MTAP is a patient reported outcome measure of physical function that uses a combination of text and pictorial illustrations. See the guidelines for additional details. In this case, the injured worker's working diagnoses are low back pain chronic; degeneration of the lumbar disc; left lower extremity radicular pain with evidence of radiculopathy and; depression; and obesity. The request for authorization requests a multi-dimensional task ability profile, two units, per the September 24, 2015 order. According to an August 24, 2015 physical therapy reassessment, a musculoskeletal and functional reassessment was performed by licensed physical therapist as part of the interdisciplinary [REDACTED] program. Additional documentation indicates the injured worker refused to complete a functional restoration program. The treatment plan summary of recommendations states: "A thorough reassessment was completed and the patient has significant loss of functional independence resulting from his chronic pain. We recommend an in office interdisciplinary reassessment in six months to determine appropriate recommendations associated with the specific functional goals which the injured worker will work on during that time." There is no documentation of a two-unit request for the interdisciplinary reassessment in six months. Although the multi dimensional task ability profile is indicated, the request for two units (according to the request for authorization) does not have any clinical support in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication or rationale for the multidimensional task ability profile, two units, multi-dimensional task ability profile (MTAP), two units per September 24, 2015 order is not medically necessary.