

Case Number:	CM15-0023521		
Date Assigned:	02/13/2015	Date of Injury:	04/08/2014
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona
 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 56-year-old female who reported an injury on 04/08/2014. Her mechanism of injury was unspecified. Her relevant diagnoses included cervical spine radiculopathy, thoracic spine sprain/strain, lumbosacral sprain/strain, stress, and anxiety. Past treatments were noted to include medication and physical therapy. On 12/17/2014, the injured worker complained of depression and anxiety, and was fearful that her condition was worsening and that nothing different was tried. The injured worker also complained of neck pain; thoracic spine pain; low back pain with associated numbness and tingling to the lower extremities and feet; sleep deprivation related to the pain; stress and anxiety related to the pain; headaches; and increased weight gain. The treatment plan included multidisciplinary evaluation for the functional restoration program. Her relevant medications were not noted upon examination. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Multidisciplinary Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program.

Decision rationale: The request for 1 day multidisciplinary evaluation is not medically necessary. According to the California MTUS Guidelines consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The injured worker was indicated to have stress and anxiety related to her pain. However, there was lack of documentation of the injured worker's medication treatments on opioids. There was also a lack of documentation to indicate that the opioids would go beyond 3 months. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.