

Case Number:	CM15-0050765		
Date Assigned:	03/24/2015	Date of Injury:	03/11/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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 28 year old female, who sustained an industrial injury on 03/11/2012 reporting mid and low back pain and was diagnosed was noted as low back pain. On provider visit dated 02/20/2015 the injured worker has reported lower back pain with intermittent radiation into right lower extremity. On examination she was noted to have pain with range of motion and tenderness was noted at thoracic and lumbosacral spine paraspinals muscles. Positive straight leg raise was noted as well. The diagnoses have included sprain or strain of lumbar region, thoracic spine strain, chronic low back pain and chronic thoracic pain. Treatment to date has medication, x-rays, MRI's, physical therapy, acupuncture and home exercise program. The provider requested a multi-disciplinary team evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-disciplinary team evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multidisciplinary team evaluation is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. In this case, the injured worker's working diagnoses are strain or sprain of the lumbar region; thoracic spine strain; chronic low back pain; a chronic thoracic pain. The injured worker is 28 years old. The documentation shows the injured worker's return to full duty on May 12, 2014 with no restrictions. There is no evidence the medical record of significant loss of ability to function independently. Objectively, there is tenderness palpation overlying the thoracic and lumbosacral paraspinal muscle groups. The physician states weakness right lower extremity (as a symptom). There is no objective documentation of muscle weakness. Consequently, the injured worker returned to work full duty with no documentation of job restriction dated May 12, 2014. There is no clinical indication of rationale by the treating physician. The physician plan, in the progress note dated February 20, 2015, states the injured worker is to follow up on an as needed basis as for maximal medical improvement evaluation. There are no scheduled follow-up visits documented. Consequently, there is no clinical indication or rationale for a functional restoration program, and therefore is not medically necessary.