

Case Number:	CM15-0052235		
Date Assigned:	03/25/2015	Date of Injury:	10/13/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 10/13/2012. He has reported subsequent back, left shoulder and bilateral knee pain and was diagnosed with herniation of the nucleus pulposus of the lumbar spine, left shoulder and bilateral knee internal derangement. Treatment to date has included oral pain medication, physical therapy and injections. In a progress note dated 02/09/2015, the injured worker complained of lower back, left shoulder and knee pain. The physician requested a one-day multidisciplinary evaluation for consideration of OC pain and wellness FRP program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day multidisciplinary evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back, left shoulder, and knee pain. Conservative treatments have been extensive without substantial benefit. The requesting provider documents increasing medication use and a decline both physically and emotionally. Functional restoration programs are recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested which is therefore medically necessary.