

Case Number:	CM15-0053178		
Date Assigned:	03/26/2015	Date of Injury:	08/28/2007
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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:

The injured worker was a year old female, who sustained an industrial injury, August 28, 2007. The injured worker previously received the following treatments Norco, Ambien, Omeprazole, physical therapy, lumbar discectomy fusion on May 22, 2012. The injured worker was diagnosed with status post L5-S1 decompression, laminotomy and fusion with instrumentation, spondylolisthesis at L5-S1, radiculopathy and radiculitis and neck pain. According to progress note of January 29, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain 6 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted pain with palpation to the lumbar spine and positive straight leg testing. The treatment plan included a multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30, 49.

Decision rationale: MTUS 2009 states that participation in a functional restoration program recommended where there is access to programs with proven successful outcomes. Patients should be motivated to return to work. Criteria include failure of past approaches to treat chronic pain and other options are unlikely to result in clinical improvement. It further states there is no evidence of efficacy for restoring function in individuals with neck pain. The patient reports significant neck pain. There is no record of any treatment offered for the neck pain except for analgesic medications provided to the patient. The physical examination describes sciatic notch tenderness and other findings suggestive of sacroiliac joint pain. There is no description of any treatment for these findings. There is no information explaining why past physical therapy has not educated the patient concerning independent management of his symptoms or describing his current approach to self-care. There is no description of why he avoids greater function or any attempt by the providers in the progress note to educate the patient. There are a number of remaining approaches to help this patient, that exist prior to considering a multi-disciplinary evaluation solely focusing on participation in a functional restoration program. Furthermore, the patient has been off of work since 2012. There is no indication in the medical record that he desires to return to work. The minimum criteria for participation in a FRP are not met according to MTUS 2009 since there are numerous remaining options to assist the patient. The multidisciplinary evaluation is denied. Therefore, the requested treatment is not medically necessary.