

Case Number:	CM15-0080794		
Date Assigned:	05/01/2015	Date of Injury:	01/14/1984
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64-year-old male, who sustained an industrial injury on 1/14/84. He reported a back injury. The injured worker was diagnosed as having disorder of trunk, brachial neuritis, lumbar post laminectomy syndrome and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included cervical epidural steroid injection, activity restrictions, surgical spinal fusion with hardware, oral medications. Currently, the injured worker complains of severe low back pain, and bilateral lower extremity pain. The injured the epidural steroid injection was helpful. Physical exam noted lumbar region surgical scar, palpable muscle spasms and decreased range of motion of lumbar area and tenderness of neck with decreased range of motion. The treatment plan included request for authorization for medication refill, routine drug screen, and follow-up office visit, re-evaluation at 90-day intervals and MMI with respect to pain management when deemed appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maximum Medical Improvement reevaluation with report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 7.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1984. The worker has been treated with multiple modalities of pain management and medications with ongoing symptoms, which are chronic. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and records do not support this complexity. The medical necessity of a maximum medical improvement reevaluation with report is not substantiated in the records.