

Case Number:	CM15-0086152		
Date Assigned:	05/08/2015	Date of Injury:	03/31/2007
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, 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 is a 66 year old male, who sustained an industrial injury on March 31, 2007. The injured worker was diagnosed as having post-op lumbar spine fusion L1 to S1 and pedicle screw fixation (PSF) with screws and rods. Treatment to date has included physical therapy, home exercise program (HEP), lumbar spine fusion, and medication. Currently, the injured worker complains of continued lumbar spine pain, improving since surgery, with continuation of numbness and tingling in the lower extremities with weakness. The Primary Treating Physician's report dated March 20, 2015, noted the injured worker had participated in multiple physical therapy sessions with only mild functional improvement. The injured worker was noted to have been tried on multiple different classes of medications with only minimal reduction in pain, no increase in function, and with opiate doses continuing to increase. The injured worker's physical and emotional conditions were noted to have declined, with complaints of depression and anxiety more frequent, poor coping skills, and struggling with self-management. Physical examination was noted to show the cervical spine with positive bilateral spinous tenderness and spasms in the paravertebral musculature, anterior scalenes muscle, and trapezius musculature, with positive cervical distraction, maximum foraminal, compression, and shoulder depression tests bilaterally. The lumbar spine examination was noted to show positive spinous tenderness and spasms in the paravertebral musculature and the trapezius musculature bilaterally, with positive bilateral straight leg raise, and positive Bragard's test, Fabere-Patrick test, Heel & Toe Walk, Iliac Compression, Kemp's test, Kernig's test, and Lasegue's tests, bilaterally. Range of motion (ROM) of the hips, knees, and ankles were noted to be decreased by 20 degrees in all

directions due to pain in the back. The treatment plan was noted to include a request for a one-day multidisciplinary evaluation for a functional restoration program. The Physician noted the evaluation would involve a medical examination, comprehensive psychological evaluation, testing, and physical therapy evaluation followed by a team conference where specific recommendations would be made on the injured worker's behalf in order to consider a more comprehensive, yet non-invasive and non-surgical, plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Day Interdisciplinary (Pain Management, Psyche, Physical Therapy) Evaluation:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pg 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 30.

Decision rationale: The patient in this case has a complicated history of pain, and a request has been made for use of a multicomponent program. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs, etc. At this time, the request has been modified by utilization review to allow for a consultation with a pain management specialist rather than multiple specialties at once. It is reasonable to see pain management to evaluate the potential for efficacy in a multidisciplinary program, as being a claimant alone may be a predictor of poor outcomes. While a multidisciplinary/functional restoration program may be a treatment modality for future consideration, based on the current guidelines and the provided case documents, consideration of a pain management consultation for further evaluation prior to multidisciplinary treatment is an appropriate first step, and therefore the request for implementation of a multidisciplinary program at this time is not considered medically necessary.