

Case Number:	CM15-0097598		
Date Assigned:	05/28/2015	Date of Injury:	07/02/2014
Decision Date:	07/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 53 year old female, who sustained an industrial injury on 07/02/2014. She reported complaints of low back pain secondary to repetitive bending and lifting of metal ramps approximately ten times a day. The injured worker was diagnosed as having lumbosacral spine strain and pain, chronic low back pain, lumbosacral facet arthropathy, and depression and anxiety due to the stress and pain. Treatment and diagnostic studies to date has included physical therapy, medication regimen, and a magnetic resonance imaging of the lumbosacral spine on 02/11/2015. The magnetic resonance imaging of the lumbosacral spine was revealing for mild left neuroforaminal narrowing, mild to moderate bilateral facet arthropathy, and lumbar five to sacral one moderate to severe bilateral facet arthropathy. In a progress note dated 04/16/2015 the treating physician reports complaints of low back pain that radiates to the lower extremities. Examination reveals a rash to the right lower extremity that is going up the right leg secondary to eczema due to stress, an antalgic gait, pain with lumbar range of motion, difficulty sitting down and standing from seated position, and a tearful, anxious affect. The pain level is rated a 7 out of 10. The treating physician requested complete multidisciplinary evaluation to assess for possible Functional Restoration Program candidate noting that the injured worker would be treated by a physician for the appropriate pain medication regimen, a physical therapist for the treatment of the function with regards to the injured worker's chronic low back pain, and psychological therapy for treatment of anger and stress along with input for treatment of the injured worker's chronic pain and chronic stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete multidisciplinary evaluation (MDE) to assess for possible FRP (functional restoration program) candidate: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain program Page(s): 30-31.

Decision rationale: MTUS supports that treatment is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery.) These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. (Gatchel, 2005) The claimant has pain greater than 6 months that has not responded to conservative care including medications and PT. As such the medical records support referral for chronic pain rehab program. Therefore, the requested treatment is medically necessary.