

Case Number:	CM15-0242510		
Date Assigned:	12/21/2015	Date of Injury:	12/09/2011
Decision Date:	01/27/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male who sustained an industrial injury on 12-09-11. A review of the medical records reveals the injured worker is undergoing treatment for cervicocranial syndrome, lumbago, and pain in the thoracic spine. Medical records (09-16-15) reveal the injured worker complains of back pain and spasms. His pain is not rated, but is described as "severe." The physical exam (09-16-15) reveals positive straight leg raise at 60 degrees. The notes are hand written and difficult to decipher. Prior treatment includes shock wave treatments, and medications. The treating provider reports the plan of care is a multidisciplinary evaluation and an epidural steroid injection. The original utilization review (12-002-15 non-certified the request for a one day multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one-day multidisciplinary evaluation is not medically necessary. A functional restoration program (FRP) evaluation is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome, there is evidence of continued use of prescription pain medications, previous methods of treating chronic pain have been unsuccessful, an adequate and thorough multidisciplinary evaluation has been made, once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed, there should be documentation the patient has motivation to change and is willing to change the medication regimen, this should be some documentation the patient is aware that successful treatment may change compensation and/ or other secondary gains, if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period, and/ or total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are cervicobrachial syndrome; lumbago; and pain in thoracic spine. Date of injury is December 9, 2011. Request for authorization is November 21, 2015. There is no documentation in the medical record by the requesting provider (for the functional restoration program) [REDACTED]. There is documentation by a chiropractor, [REDACTED], in the medical record for the functional restoration program. There is no clinical rationale in the medical record for the functional restoration program by [REDACTED]. According to a September 16, 2015 largely illegible progress note by the treating chiropractor, subjectively the injured worker has back pain and spasm. The injured worker is treated under future medical for severe pain. Objectively, there is a positive Kemp's positive straight leg raising. There were no complex medical issues documented in the medical record. There are no complex medical management issues in the medical record. There is no clinical rationale for the functional restoration program. There is no documentation indicating depression and/ or anxiety. There is no documentation indicating whether the injured worker was continually disabled for more than 24 months (date of injury for years prior). There is no documentation the injured worker has motivation to change and is willing to change the present medication regimen. There is no documentation the injured worker is aware that successful treatment may change compensation. Based on the clinical documentation in the medical record, peer-reviewed evidence-based guidelines, no documentation by the requesting provider and, as a result, no clinical indication or rationale for a one-day multidisciplinary evaluation, one-day multidisciplinary evaluation is not medically necessary.