

Case Number:	CM14-0122450		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2013
Decision Date:	10/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 33-year-old male who reported an injury on 02/16/2013; he sustained injury after a motor vehicle accident. The injured worker's reported low back pain with radicular symptoms. The injured worker's treatment history included medications, physical therapy, medial branch block, home exercise, a TENS unit, immobilization with use of a back brace, epidural steroid injection, and acupuncture. The injured worker was evaluated on 07/09/2014 and it was documented the injured worker complained of low back pain with radiation to the right posterolateral lower extremity which stops above the knee. There was reported numbness, tingling, and occasional weakness. The pain was rated at 6/10 and was described as burning, sharp, shooting, stabbing, tightness, and spasms. Picking up weight from the floor and prolonged standing aggravates the pain. The injured worker reported the pain impaired the ability to perform household chores, office work, walking, running, and playing sports. The injured worker also reported depression and loss of sleep. The injured worker completed conservative treatments, was currently in physical therapy, and had 3 sessions remaining. The injured worker was taking tramadol and gabapentin. On physical examination, lumbar range of motion was full. Motor strength was 5/5 for bilateral lower extremities. Sensation, reflexes and special provocative tests were normal. Diagnoses included a lumbar disc bulge at L3-4 with degenerative disc disease, MRI confirmed; lumbar sprain/strain; thoracic sprain/strain; and chronic myofascial pain syndrome. The Request for Authorization was submitted for this review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32..

Decision rationale: The requested is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines identify criteria for the general use of multidisciplinary pain management programs. Inclusion criteria notes that previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, the injured worker is not a surgical candidate, and the injured worker has a significant loss of ability to function independently resulting from the chronic pain. In this case, although the provider would like the injured worker to wean from medications, there is insufficient documentation that the injured worker meets the established criteria for a multidisciplinary pain management program. Therefore, the request for Multidisciplinary Evaluation is not medically necessary.