

Case Number:	CM14-0145553		
Date Assigned:	09/12/2014	Date of Injury:	12/01/2011
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 34-year-old female with a 12/1/11 date of injury, and lumbar surgery 8/26/13. At the time (8/13/14) of request for authorization for One time Multidisciplinary Evaluation for FRP, there is documentation of subjective (low back pain radiating to the legs with numbness and weakness; and neck pain with numbness of the hands) and objective (decreased cervical spine range of motion, tenderness to palpation over trigger points of bilateral cervical paraspinal muscles, decreased lumbar spine range of motion, positive lumbar facet loading, and positive straight leg raise) findings, current diagnoses (lumbar and cervical intervertebral disc displacement, lumbago, chronic pain syndrome, and depressive disorder), and treatment to date (physical therapy, injections, and medications). Medical report identifies that a request for a "one time multi-disciplinary evaluation to evaluate and determine if the patient is an appropriate candidate for participation in a functional restoration program, done, FRP pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time Multidisciplinary Evaluation for FRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of lumbar and cervical intervertebral disc displacement, lumbago, chronic pain syndrome, and depressive disorder. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient exhibits motivation to change. However, there is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted. In addition, given documentation of a request for "one time multi-disciplinary evaluation to evaluate and determine if the patient is an appropriate candidate for participation in a functional restoration program, done, FRP pending," there is no (clear) documentation of a rationale identifying the medical necessity for the current requested multidisciplinary evaluation for FRP. Therefore, based on guidelines and a review of the evidence, the request for One time Multidisciplinary Evaluation for FRP is not medically necessary.