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| Case Number: | CM14-0099697 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 02/08/2003 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/19/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 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 51-year-old male with a reported date of injury on 02/08/2003. The mechanism of injury was a fall. The injured worker's diagnoses included lumbar disc with radiculitis, degenerative lumbar disc disease, and low back pain. The injured worker's past treatments included an epidural steroid injection, pain medication, physical therapy, and surgery. There was no official diagnostic imaging test submitted for review. The injured worker's surgical history included lumbar spine decompressive surgery from L4 to S1 on 11/14/2012. The subjective complaints on 06/12/2014 included constant low back pain. The objective physical exam findings noted the lumbar spine is restricted in all planes with increased pain upon flexion and extension. Muscle guarding is also noted. The straight leg raise exam was positive on the right with radiating pain to the right knee and calf. The injured worker's medications included Prilosec 20 mg, gabapentin 300 mg, compounded hydrocodone 10 mg, Lidocaine topical 5% film, and a multivitamin. The treatment plan was to order a multidisciplinary evaluation for the patient. A request was received for a multidisciplinary evaluation. The rationale for the request is the physician states that in his opinion the patient has run out of conventional treatment options and the pain should be addressed in an interdisciplinary fashion including medication optimization, physical rehabilitation, and a multidisciplinary evaluation is being requested to determine the status and immediate direction of his plan of care with the purpose of continuing to forward his care. The request for authorization form was dated 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs), Page(s): 30-32..

Decision rationale: The California MTUS Guidelines state that criteria for general use of multidisciplinary pain management programs include an adequate and thorough evaluation has been made, including baseline function testing so follow-up with the same test can note functional improvement. The patient has chronic pain and as per his physician has exhausted all conservative treatments and non-conservative treatments. A multidisciplinary evaluation is supported by the guidelines. As such, the request for Multidisciplinary Evaluation is medically necessary and appropriate.