

Case Number:	CM15-0100023		
Date Assigned:	06/02/2015	Date of Injury:	04/22/2013
Decision Date:	06/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38 year old male, who sustained an industrial injury on 4/22/2013. He reported neck and low back pain. The injured worker was diagnosed as having osteoarthritis of knee, cervical and lumbar intervertebral disc degeneration, and back muscle spasms. Treatment to date has included medications, functional capacity evaluation, home exercises, physical therapy, and ice. The request is for a one-day interdisciplinary pain management evaluation. On 5/8/2015, he complained of neck pain with radiation into the right hand and fingers. He rated the pain 5-6/10. He also complained of low back pain with radiation into the right knee, and associated numbness in the right leg. He rated this pain 6/10. Physical examination revealed pitting edema up both knees. He is noted to not need assistance with activities of daily living. He rides a bike without increased pain. He underwent bariatric surgery in February 2014. The treatment plan included: a comprehensive interdisciplinary team evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 one-day interdisciplinary pain management evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs)) p30-32 (2) Functional restoration programs (FRPs) p49.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 6/10. He was not taking any opioid medication. Physical examination findings included a wide based gait with forward flexed posture. He had lower extremity edema. The results of a functional capacity evaluated for review where light work had been recommended. A functional restoration program can be recommended for selected patients with chronic disabling pain. Criteria include that the patient has a significant loss of the ability to function independently due to chronic pain. In this case, the claimant has been determined to have a light work capacity. There are no reported functional impairments or activity of daily living limitations. Therefore, the requested evaluation is not medically necessary.