

Case Number:	CM15-0111122		
Date Assigned:	06/17/2015	Date of Injury:	04/18/2014
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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 a 39 year old female, who sustained an industrial injury on 04/18/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 12/15/2014 the injured worker has reported having chronic pain. On examination of the lumbar spine revealed decreased range of motion and tenderness over the par lumbar extensors and facet joint. The diagnoses have included sprain/strain lumbar spine. Treatment to date has included medication. The injured worker was noted to have work restriction. The provider requested one-day interdisciplinary pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day interdisciplinary pain management evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p 30-32 (2) Functional restoration programs, p 49.

Decision rationale: The claimant sustained a work injury in April 2014 and continued to be treated for radiating back pain. Treatments included medications and 12 sessions of physical therapy. She has a functional capacity evaluation in December 2014 with findings of very high pain levels and there is reference to her as passively engaged in her own recovery. In December 2014, she was also seen for a physiatry follow-up. An MRI of the lumbar spine had shown a small disc bulging. Subjective symptoms are referenced as outweighing the objective findings. Severe psychosocial and chronic pain overlays were detected. When seen, she was having ongoing symptoms. She had not returned to work since September 2014. She was having difficulty with activities of daily living. There was significant guarding and pain behaviors were present. There was widespread tenderness and left lower extremity weakness possibly due to pain. The assessment references high levels of fear avoidance. A functional restoration program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested. In this case, there are significant nonphysical factors involved and the claimant has not returned to work. Physical therapy and medications have been tried. Her MRI shows minimal findings likely of no significance and unlikely to lead to interventional or surgical options. The request for an evaluation was medically necessary.