

Case Number:	CM15-0112408		
Date Assigned:	06/18/2015	Date of Injury:	01/20/2015
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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 43-year-old female, who sustained an industrial injury on 1/20/15. She reported falling from a chair and landing on buttocks. The injured worker was diagnosed as having injury of multiple sites (coccyx, sacrum, lumbosacral spine, thoracic spine and cervical spine). Treatment to date has included oral medications including Gabapentin, Hydrocodone/acetaminophen, Lodine and Ibuprofen, chiropractic treatment, physical therapy and activity restrictions. (CT) computerized tomography scan of lumbar spine performed on 2/19/15 revealed bilateral pars defects of L5, multilevel degenerative disc disease and mild bilateral neural foraminal narrowing of L5-S1. Currently, the injured worker complains of significant back pain, overall a little better. She may work with modifications. Physical exam noted slightly antalgic gait, tenderness to palpation of coccyx, sacrum, lumbar paraspinal muscles, L5-S1 paraspinals, T5-T9 and cervical spine paraspinals. The treatment plan included a request for authorization for a multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-disciplinary team evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultation, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs), Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for low back pain. When seen, there had been improvement. She was concerned about returning to unrestricted work. There was a slightly antalgic gait and pain with spinal range of motion. There was paraspinal muscle tenderness with a normal neurological examination. Treatments have included acupuncture, physical therapy, and medications. She is at modified work which is not being accommodated. In terms a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain where previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant is less than 6 months status post injury. Disabling pain is not documented. A functional capacity evaluation would be appropriate in determining her current work capacity and need for restrictions. The requested multidisciplinary evaluation is not medically necessary.