

Case Number:	CM15-0161384		
Date Assigned:	09/22/2015	Date of Injury:	06/18/2014
Decision Date:	11/02/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 18, 2014. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for an interdisciplinary evaluation performed on July 21, 2015 office visit in its determination. The claims administrator contended that the applicant was no longer working, had reportedly voluntarily relinquished her job, and apparently had motivation issues. On June 9, 2015, it was stated that the applicant was unemployed and had reportedly quit her job. Ongoing complaints of low back pain were reported. The applicant had failed physical therapy and/or manipulative therapy, it was suggested. The applicant had been off of work for over one year, it was reported. The applicant had difficulty sleeping, it was reported. The applicant was on topical Terocin, Flexor, Norco, and Motrin, it was acknowledged. A functional restoration program with an associated evaluation was endorsed. On July 21, 2015, the applicant apparently underwent an interdisciplinary consultation, reportedly as a precursor to a functional restoration program evaluation. The applicant was described as having developed an adjustment disorder with an associated depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Interdisciplinary consultation for DS 7/21/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs).

Decision rationale: No, the interdisciplinary consultation performed on July 21, 2015 was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, here, however, the applicant had voluntarily left work of her own accord, it was reported on June 9, 2015. The applicant had quit working. It did not appear, thus, the applicant was necessarily motivated to try to improve and/or return to the workplace and/or workforce, having voluntarily relinquished her former position. Page 6 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the longer an applicant suffers from chronic pain, the less likely any treatment, including comprehensive functional restoration multidisciplinary program, will be effective. Here, the applicant was approximately a year removed from the date of injury as of the dates in question, June 9, 2015 and July 21, 2015. It did not appear likely that further treatment, including via a functional restoration program was likely to prove beneficial here. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another primary criteria for pursuit of a chronic pain program functional restoration program is evidence that there is an absence of other options likely to result in a significant clinical improvement. Here, however, it was acknowledged on July 21, 2015 that the applicant had issues with adjustment disorder with attendant depression. The applicant had not, however, received any psychological or psychiatric treatment, such as psychotropic medications, it was acknowledged in both July and June 2015. It was not clearly stated or clearly established why treatments to target the psychological aspect of the applicant's claim had not been attempted before the functional restoration program evaluation was sought and/or performed. Therefore, the request was not medically necessary.