

Case Number:	CM15-0099632		
Date Assigned:	06/02/2015	Date of Injury:	06/29/2008
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 injured worker is a 41 year old male, who sustained an industrial injury on 6/29/08. The injured worker was diagnosed as having lumbar disc displacement and lumbosacral neuritis. Treatment to date has included L5-S1 discectomy, bilateral foraminotomy, and transforaminal fusion on 3/19/15. Other treatment included physical therapy, multiple epidural steroid injections, bracing, and medication. Currently, the injured worker complains of back pain with radiation to bilateral legs. The treating physician requested authorization for a rehabilitation stay for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation Stay (Days) Qty 14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Knee and leg chapter, skilled nursing facility care (SNF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: The previous UR physician modified the request and granted seven days in the rehabilitation facility. There is no documentation from that stay. In addition, criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Rehabilitation Stay (Days) Qty 14 is not medically necessary.