

Case Number:	CM14-0151549		
Date Assigned:	10/01/2014	Date of Injury:	05/09/2013
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 51 year-old male with date of injury 05/09/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/10/2014, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles bilaterally. Range of motion was restricted with flexion limited to 45 degrees, extension 20 degrees, and bilateral lateral bending to 25 degrees. Reflexes were symmetrical. Straight leg raising test was positive bilaterally. Patient was able to heel to toe walk without difficulty. Dorsum of the foot on the left was diminished sensation. Two point discrimination was absent over the lower extremities on the left and the left foot. Diagnosis: 1. Lumbago 2. Low back pain 3. Cervicalgia 4. Pain in neck 5. Thoracic or Lumbosacral radiculopathy 6. Pain in joint involving ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to multidisciplinary pain program for one time consultation: 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 Chronic Pain Program.

Decision rationale: The Official Disability Guidelines listing number of criteria to be met prior to the patient being referred to a chronic pain program. One of the primary criterion is that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. According to the patient's medical records, he is currently being evaluated by a spine surgeon. Clearly not all of the options have been explored for treating this patient's pain if surgery may be a consideration. Referral to multidisciplinary pain program for one time consultation is not medically necessary at this time.