MAXIMUS Federal Services

Case Number:	CM13-0012278		
Date Assigned:	11/08/2013	Date of Injury:	02/04/2011
Decision Date:	09/05/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The injured worker sustained a work injury on 02/04/11 while working as a housekeeper when she fell down a flight of stairs while carrying a bag of towels. She was seen on 05/13/13 with constant low back pain, numbness, and tingling radiating into the left lower extremity. Her symptoms had started five days before after walking on a beach and had not improved after taking Norco. Physical examination findings included lumbar paraspinal muscle spasm with quadratus lumborum, gluteal, and piriformis trigger points. There was decreased lumbar spine range of motion. Kemp's testing was positive on the left and there was a positive left straight leg raise. Sciatic nerve palpation was positive on the left and piriformis muscle palpation was positive bilaterally. Diagnoses were chondromalacia, a knee contusion, a lumbar strain/sprain, and lumbago. Chiropractic treatment was recommended. The injured worker was seen for a multidisciplinary pain management evaluation on 06/10/13. She had a two year history of chronic pain in the low back and knees. Treatments included a left knee injection and she had undergone an arthroscopic medial meniscectomy. She had findings of lumbar degenerative disc disease, and electromyography (EMG)/nerve conduction study (NCS) testing was referenced as showing evidence of a diabetic neuropathy. Medications were Norco 5/325 mg and Gabapentin 300 mg. Her symptoms had spread throughout her body over the previous several months. Physical examination findings included guarded movements with poor balance and significant pain behaviors were present. She had decreased lumbar spine range of motion and there was widespread myofascial tenderness. She had bilateral knee tenderness and pain and guarding when flexing the left knee. There was diffuse lower extremity weakness and left lower extremity sensory deficits. Participation in a Functional Restoration Program was recommended and began on 07/15/13. By the second week she reported using more active coping strategies with

decreased medication use, and was increasingly socializing with family and friends. She was participating in group exercise training. Her ability to lift had improved minimally from 5 pounds or less to up to 10 pounds. She was able to walk 15 rather than 10 minutes. She continued to have a less than sedentary capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM- ADDITIONAL WEEKS (WEEKS 5 AND 6): 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 programs , Functional restoration programs (FRPs) Page(s): 30-32, 49.

Decision rationale: Guidelines suggest against treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Patients should also be motivated to improve and return to work, and there is no return to work plan in this case. Total treatment duration should generally not exceed 20 full-day sessions; treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. The requested additional two weeks of treatment is therefore in excess of guideline recommendations. Further, the injured worker's condition and progress after two weeks of participation does not establish the expectation that reasonable goals would be achieved with continued participation. As such, the request is not medically necessary.