

Case Number:	CM13-0020073		
Date Assigned:	12/11/2013	Date of Injury:	03/15/2011
Decision Date:	08/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/04/2013

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 is licensed to practice in Texas and Oklahoma. 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 is a 58-year-old female who reported an injury on 03/15/2011. The injury occurred due to driving a company van for at least 8 years. The injured worker claimed cumulative trauma to the lumbar area. On 08/14/2013, the injured worker was seen for the lower backache and right hip pain. The pain increased since last visit and was rated at a 9/10. There were no new problems or side effects. The injured worker was not trying any other therapies for pain relief. Since last visit, the injured worker's quality of life and activity level had remained the same. The injured worker medication had side effects including nausea. She stated the medications were less effective. Medications include Lidoderm 1% patch, 1 patch to skin every day, omeprazole DR 20 mg 1 daily, ibuprofen 800 mg 1 2 times a day as needed for pain, Norco 10/325 mg take 1 four times a day, Flexeril 10 mg take 1 twice daily as needed, Percocet 10/325 mg take 1 as needed, maximum 2 to 3 per day, Cyclobenzaprine 10 mg take 1 at bedtime, omeprazole DM 20 mg take 1 daily, atenolol 50 mg take 1 daily, diazepam 5 mg take 1 three times a day, methylprednisolone 4 mg take as directed, Benicar HCT 40/25 mg take 1 daily, and Buspirone HCL 10 mg take 1 as needed. The injured worker has a diagnosis of lumbar radiculopathy. Prior treatments included electrodiagnostic study, epidural injections, the specific forms of conservative care were not provided given the request is for a functional restoration program and medications. Urine toxicology on 10/12/2011 was positive for hydrocodone. Diagnostic studies included an MRI of the lumbar spine on 05/20/2011, an x-ray of the bilateral hips on 03/03/2011 and an x-ray of the lumbar spine on 03/03/2011 that showed mild to moderate lumbar degenerative disc disease most pronounced at L5-S1. Examination of the lumbar spine revealed range of motion was restricted with flexion limited to 90 degrees limited by pain, extension limited to 12 degrees limited by pain. Right lateral bending was limited to 30

degrees, left lateral bending was limited to 30 degrees, lateral rotation to the left was limited to 30 degrees and lateral rotation to the right was limited to 25 degrees. Palpation of the paravertebral muscles revealed trigger point was noted on both the sides. The injured worker could not walk on heel; however, the injured worker could go up on heels. Straight leg raising was positive on the right side and sitting at 45 degrees. Babinski's sign was negative. Tenderness was noted over the coccyx posterior iliac spine on both sides of the sacroiliac spine. The hip showed tenderness over the sacroiliac joint and trochanter. FABER test was negative. The injured worker had a diagnosis of mood disorder, as well as pain in joint lower leg, hip pain and sacroilitis. The request is for a 10-day trial of the functional restoration program at 6.5 hours a day. The request for authorization is dated 08/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

10-DAY TRIAL OF THE FUNCTIONAL RESTORATION PROGRAM AT 6.5 HOURS A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs Page(s): 49; 30-32.

Decision rationale: The request for 10-day trial of the functional restorative program at 6.5 hours a day is not medically necessary. The injured worker has a history of neck and right shoulder pain. The California Medical Treatment Utilization Schedule Guidelines state the functional restoration program is recommended when the criteria have been met. The treatment is not suggested for longer than 2 weeks without evidence of demonstrative efficacy as determined by subjective and objective gains. The guidelines also suggest an adequate and thorough evaluation be made, including baseline functional testing so follow-up with the same test can note functional improvement. The injured worker had not had any success with the lower lumbar care due to not trying any other therapies for pain relief. There is not enough documentation of adequate baseline functional deficits to warrant the need of a restorative program. The request for a 10-day trial of a functional restoration program at 6.5 hours a day is not medically necessary.