

Case Number:	CM13-0022421		
Date Assigned:	03/14/2014	Date of Injury:	11/02/2012
Decision Date:	04/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal 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:

This patient is an injured worker with a diagnoses of lumbosacral back condition. Date of injury is 11-02-2012. Discharge Summary 6/28/13 from the [REDACTED] Functional Restoration Program: Treatment began on 5/20/13. Patient completed the program on 6/28/13. On the date of injury he was using machinery to change a tire, and he had spent several days changing tires, when he noted the onset of low back pain. The patient was subsequently worked up with electrodiagnostic studies which did show findings of a bilateral S1 radiculopathy. He eventually did undergo treatment in a functional restoration program and completed it at the end of June. Upon today's evaluation, the patient is at maximum medical improvement and appropriate for a permanent and stationary rating. Current symptoms: He complains of low back pain. He states it is not present constantly. He states that it is made better with attendance at a gym and performing exercise. He also describes bilateral pain, numbness and tingling radiating down the posterolateral portion of the bilateral lower extremities. He also describes bilateral knee pain. Physical examination: The patient does ambulate into the office without difficulty. He is well-dressed and well-groomed. He is cooperative with the history and physical examination. He is a good historian. There is spasm and guarding at the base of the lumbar spine. There is sacral flexion of 40 degrees, lumbar flexion of 80 degrees, sacral extension of 10 degrees, and lumbar extension of 20 degrees. He is able to tilt 19 degrees to the left and 20 degrees to the right. Straight leg raise is mildly positive on the right at around 50 degrees, absent on the left. Reflexes are 1+ and equal at the patella and just trace at the Achilles. No focal motor weakness is found with thigh flexion, leg flexion-extension, ankle dorsi- and plantar flexion, or EHL. Examination of the knees bilaterally shows a full 130 degrees range of motion. Both knees are stable to loading with varus and valgus angulation. There is tenderness in the medial compartment, absent in the lateral compartment. There is infrapatellar tenderness. There is crepitus with examination

of both knees. No swelling, erythema or effusion is noted in either knee. Diagnosis: 1. Lumbosacral spondylosis, 2. Lumbar disc protrusion L5-S1, 3. Bilateral S1 radiculopathy, 4. Lumbar stenosis, 5. Probable osteoarthritis, bilateral knees. Discussion: This gentleman has reached maximum medical improvement and is appropriate for a permanent and stationary rating. He is fairly functional at this point in time and has a reasonable exercise tolerance and motivation. Patient is at maximum medical improvement and appropriate for a permanent and stationary rating as of 7/31/2013. Objective factors of disability: 1. MRI evidence of lumbar stenosis, foraminal stenosis, and spondylosis. 2. Electrodiagnostic studies evidence of bilateral S1 radiculopathy. Subjective factors of disability: 1. Constant slight lumbar spine pain which becomes slight-to-moderate on an intermittent basis. 2. Intermittent slight-to-moderate bilateral knee pain. 3. Intermittent slight-to-moderate right-greater-than-left lower extremity pain, numbness and tingling. Utilization review dated 09-09-2013 recommended Non-Certification of the request for 6 additional sessions of Functional Restoration Program - Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 6 SESSIONS FUNCTIONAL RESTORATION PROGRAM - LUMBAR:

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 Page(s): 49.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 49) states: Functional restoration programs (FRPs): Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. He completed the Functional Restoration Program which was 6 weeks in duration, which already exceeds the MTUS guidelines recommended duration of two weeks. Patient's symptoms and physical examination findings are mild-moderate. Patient has been declared at a state of maximum medical improvement and appropriate for a permanent and stationary rating. Therefore, the medical records and clinical guidelines do not support the medical necessity of 6 additional sessions of Functional Restoration Program for Lumbar condition. Therefore, the request for 6 additional sessions of Functional Restoration Program - Lumbar condition is not medically necessary.