

Case Number:	CM13-0022498		
Date Assigned:	06/06/2014	Date of Injury:	07/03/2012
Decision Date:	07/30/2014	UR Denial Date:	08/09/2013
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 Physical Medicine and Rehabilitation 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:

The injured worker is a 50-year-old male who reported an injury on 07/03/2012. The mechanism of injury was not provided in the medical records. His diagnoses include lumbar sprain and lumbar degenerative disc disease. His previous treatments included physical therapy, medications, use of a lumbar brace, epidural steroid injections, and use of a TENS unit. Within the most recent clinical note, dated 03/05/2014, his symptoms were noted to include low back pain with intermittent leg symptoms. His physical examination findings included decreased range of motion in the lumbar spine to 30 degrees flexion, 10 degrees extension, 15 degrees bilateral lateral bending, and 10 degrees bilateral rotation. He was also noted to have normal motor strength at 5/5 in the bilateral lower extremities. The treatment plan included pain medications, future physical therapy, and consideration for follow-up epidural steroid injections and surgery if his symptoms worsen. The current request is for functional restoration program with a multidisciplinary evaluation and treatment. A request for authorization form was not provided in the medical records. However, the 07/24/2013 clinical note indicated that a functional restoration/work hardening program was recommended as the injured worker continued to have persistent low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM WITH A MULTIDISCIPLINARY EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), pages 30-32 Page(s): 30-32.

Decision rationale: The current request for functional restoration program with a multidisciplinary evaluation and treatment is non-certified. According to the California MTUS Guidelines, prior to admission to a functional restoration program, an adequate and thorough multidisciplinary evaluation should be performed including baseline functional testing. Additional criteria includes documentation showing that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options, including surgery, likely to result in significant clinical improvement; evidence of significant functional deficits and difficult completing activities of daily living independently due to chronic pain; and documentation showing that the patient exhibits motivation to change and negative predictors of success have been addressed. Additionally, the guidelines indicate that treatment is not suggested for longer than 2 weeks without evidence of objective gains. The clinical documentation provided for review show that the injured worker has mild range of motion deficits and persistent low back pain and has previously been treated with physical therapy, medications, and epidural steroid injections. He was not shown to have previously undergone a thorough multidisciplinary evaluation which is required prior to admission to the requested type of program. In addition, the most recent clinical note indicated that the injured worker is a candidate for epidural steroid injections and surgical intervention, but that he is not interested in these options. In addition, there was no documentation showing that the injured worker has sufficient motivation or that negative predictors of success has been addressed. Further, the request did not include a duration to establish whether the program would fall within the maximum 2 weeks noted by the guidelines. Therefore, the injured worker does not meet the criteria for admission to a functional restoration program at this time. As such, the request for functional restoration program with a multidisciplinary evaluation and treatment is non-certified.