

Case Number:	CM13-0026118		
Date Assigned:	11/22/2013	Date of Injury:	05/13/2005
Decision Date:	08/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 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:

This is a 66-year-old male who sustained injury on 05/13/2005 while he was lifting a 70 pound mail bags and developed pain in his lower back and neck. Treatment history includes acupuncture and medications (Gabapentin, Omeprazole, Tizanidine-Zanaflex, Cymbalta, Albuterol, and Aspirin). A progress report dated 08/30/2013 indicates that patient presented for followup of neck and lower back pain. The patient reports that there are no acute changes to his pain complaints. His pain is worse in cold weather and in warm weather, his pain is manageable with medications and is not debilitating. He notes that overall his pain has increased as his insurance carrier is not approving his Cymbalta, Gabapentin and Prilosec. His pain is aggravated with activities like walking over 30-45 minutes a day. His pain is 7/10 on VAS pain scale today without medications. On physical exam of lumbar spine, he ambulates without assistance and gait was normal. DTRs are symmetrical bilaterally to patella and achilles, no clonus. Lumbar extension 15 degrees, lumbar flexion 40 degrees, left lateral bending 15 degrees, and right lateral bending 20 degrees. SLR was positive on left. Spasm and guarding was noted lumbar spine. Examination of the neck shows painful ROM starting at flexion 20 degrees and extension 10 degrees. Spurling maneuver elicits muscle tone of the trapezius increased. There was palpable tenderness. He was diagnosed with lumbar DDD, neck pain, sacrum disorder, and sciatica. It was noted that patient continues to have this chronic pain despite conservative care and has failed coping mechanism, has not returned to work due to chronic pain, and exhibit depressive symptoms. Patient was recommended an initial evaluation of multidisciplinary functional restoration program to determine if the patient is a good candidate to participate in the full program. UR report dated 09/11/2013 indicates that the request for initial evaluation of multidisciplinary functional restoration program was non-certified because the records did not indicate evidence of decreased muscle strength or decreased function on exam. There is no

documentation of of significant loss of ability to function independently resulting from the chronic pain. The reports provided did not address any return to work issues, job description, or motivation to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: According to MTUS, Chronic Pain Programs (Functional Restoration Programs) may be indicated if, among several other criteria, "previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement....the patient has a significant loss of ability to function independently resulting from the chronic pain....the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change." In this case the patient reportedly has experienced pain reduction from acupuncture treatment and has 24 remaining sessions. There is documentation of decreased ability to perform ADL's along with lumbar tenderness and decreased range of motion on examination. However, there does not appear to be a significant loss of ability to function independently. There is also no discussion of the patient's motivation to change nor is there discussion of several negative predictors of success including depression, financial problems and time since injury. Medical necessity is not established.