

<b>Case Number:</b>	CM13-0034434		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/03/2003
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Ohio, Texas, and 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 physician 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 patient is a 46-year-old male who reported an injury on 11/03/03 after falling backwards. The patient was initially treated conservatively with physical therapy, medications, and lumbar epidural steroid injections. Later, his chronic pain was treated with medications and cognitive behavioral therapy. The patient underwent a medial branch rhizotomy at the L2-3 and L3-4 levels. The most recent evaluation of the patient includes continued complaints of lumbar spine pain, tenderness to palpation along the paraspinal musculature and lumbosacral junction, and limited range of motion described as decreased by 50% in flexion, 40% in extension, and 30% in rotation bilaterally. He has decreased motor strength in the left foot dorsiflexion and left leg extension. The patient's diagnoses included stenosis of the lumbar spine, sciatica, major depressive disorder, and long-term drug usage, and his treatment plan included continuation of medications, a functional restoration program, and Therma-Care heat wraps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One initial evaluation at the [REDACTED] :**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

**Decision rationale:** The patient has continued functional deficits complicated by psychosocial factors recalcitrant to conservative therapy. The clinical documentation submitted for review does indicate that all negative predictors, including the patient's major depressive disorder, have been addressed. The California Medical Treatment Utilization Schedule states that functional restoration programs are "recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery." The clinical documentation submitted for review does provide evidence that the patient has been injured for an extended duration and has failed to respond to all conservative treatments. Therefore, evaluation to determine whether the patient would benefit from a functional restoration program would be appropriate. An initial evaluation would determine the patient's baseline level and assimilate program goals. As such, the requested initial evaluation at the Northern California Functional Restoration Program is medically necessary and appropriate.

**One prescription of Therma-Care heat wrap, #12 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**