

Case Number:	CM13-0037459		
Date Assigned:	12/13/2013	Date of Injury:	10/05/1999
Decision Date:	05/08/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 has a subspecialty in Pulmonary Diseases 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 45-year-old male who reported an injury on 10/05/1999. The mechanism of injury was not provided. Current diagnoses include lumbar or lumbosacral disc degeneration, lumbar spine neuritis or radiculitis, sprain and strain of the lumbar region and lumbosacral spondylosis without myelopathy. The injured worker was evaluated on 09/19/2013. The injured worker reported persistent pain. Physical examination revealed a depressed and anxious mood, trigger points in the quadratus lumborum region and gluteus medius regions bilaterally, mild to moderate effusion of the right knee, limited lumbar range of motion, decreased sensation to light touch along the lateral and dorsal aspects of the right foot and hyperreflexic deep tendon reflexes. Treatment recommendations at that time included an evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERDISCIPLINARY EVALUATION FOR CANDIDACY INTO THE FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, (FUNCTIONAL RESTORATION PROGRAMS) Page(s):. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 30-32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state that functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be documentation of a failure to respond to previous methods of treating chronic pain with an absence of other options that are likely to result in significant clinical improvement. Total treatment duration should generally not exceed 20 full day sessions. As per the documentation submitted, the injured worker has previously participated in a functional restoration program in 10/2011. There is no clear rationale as to why the injured worker requires additional treatment through a functional restoration program. There is no indication that this injured worker is motivated and willing to participate in the program at this time. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

TEROCIN 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The current request does not include a frequency or quantity. Therefore, the request is not medically appropriate. As such, the request is non-certified.

BIOFREEZE 3OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The current request does not include a frequency or quantity. Therefore, the request is not medically appropriate. As such, the request is non-certified.