

Case Number:	CM13-0041711		
Date Assigned:	12/20/2013	Date of Injury:	03/08/2011
Decision Date:	03/06/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 3/8/11. The mechanism of injury was bending down. The patient's initial course of treatment included application of heat and ice, a home exercise program, epidural steroid injections, medications, and physical therapy. The patient has received at least 12 chiropractic sessions, none of which provided long term relief. The patient has a prior history of low back complaints. An unofficial CT scan of the patient's back after the current injury, revealed a presence of a grade 1-2 spondylolisthesis at L5 onto S1. There was also note of a mild broad based disc bulge at L4-5 that had improved. The patient was deemed permanent and stationary on 3/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at the [REDACTED] functional restoration program: 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 Medical Treatment Guidelines Page(s): 31-32.

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend chronic pain programs for patients suffering from delayed recovery. Criteria that must be met in order to

participate in a pain management program include: (1) an adequate and thorough evaluation must be made, including baseline functional testing; (2) previous methods of treating chronic pain prove unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) the patient has a significant loss of ability to function independently; (4) the patient is not a candidate for surgery or other treatments; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. The most recent clinical note dated 9/20/13 revealed lumbar flexion of 60 degrees, extension of 10 degrees, a positive straight leg raise at 60 degrees bilaterally that produces sciatic symptoms, 5/5 motor strength, and 1 out of 2 bilateral lower extremity reflexes; however, these reflexes are symmetrical. A previous clinical note dated 9/9/13 revealed that the patient received several months of excellent pain relief from an epidural steroid injection. A supplemental report dated 08/31/2013 revealed that the patient lost ability to function independently and was recently under video surveillance. During this time, the patient was noted to walk briskly with a normal gait, turning and twisting, remaining in a bent over position and recovering to the erect position without difficulty, bending and lifting objects and then carrying them from the ground level without difficulty; she also drives a car independently. These activities were documented on more than one occasion. Furthermore, the patient's history of successful epidural steroid injections provide evidence that previous and other methods of treating her chronic pain have resulted in significant clinical improvement. In addition, the clinical note submitted for review did not provide any documentation that the patient had motivation to change, and her negative predictors of success were not addressed. As such, the patient does not qualify for participation in a functional restoration program at this time, and the request is noncertified.