

Case Number:	CM13-0061335		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2000
Decision Date:	05/07/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

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, has a subspecialty in Neuro-muscular Medicine, and is licensed to practice in Maryland. 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 patient is a 65 year old female who had a work injury on 10/28/2000. The patient's diagnoses include lumbar degenerative disc disease, lumbar paraspinal spasm, lumbar radiculitis. There is a request for an initial evaluation for a functional restoration program for lower back. There is an 11/27/13 utilization review treatment appeal that states that the patient developed pain in his lower back and left leg. He describes his pain as aching, chronic, and throbbing. His pain is made better with heat treatment and massage while bending, twisting, lifting, and walking seem to make the pain worse. He also gets tingling in the left leg at times. Past treatments include physical therapy, TENS trial, massage therapy, and acupuncture. He has been offered invasive procedures but is not interested in it. He has always had conservative treatment. Given his longstanding chronic pain and ongoing need for medical care, there was a request for an initial evaluation. There is a physical exam that states the patient is a well-developed, well-nourished male in no acute distress, Flexion of the lumbar spine was limited to 60°, extension was 10° and slightly painful. Lateral tilt was limited by 35% bilaterally. Reflexes, sensory and motor examination to the lower extremities were non focal. The documentation states that the patient has current intractable low back pain and left lower extremity pain along with tingling at times. He has difficulty with twisting, bending, lifting, and walking. He has impairment to range of motion as seen above; the documentation states that the patient has had quite a bit of conservative treatments. His injuries are not new, and he has tried medications, activity modifications, acupuncture, home exercise program, physical therapy, TENS trial, massage, etc. He was previously able to do yard work and wash his car frequently. Now, he is able to do minimal jobs and even that aggravates his pain. He has pain when he gets up from a chair from a sitting position. At night time, his pain level is at its worst. Per the appeal letter, the patient did

not have a negative relationship with the employer/supervisor. He did not have poor work adjustment and satisfaction. He did not have negative outlook about future employment. He did not have involvement in financial disability disputes. He does not have increased duration of pre referral disability time. He does not use any opioids. He does not smoke. He does not have elevated pretreatment levels of pain. He does not have high levels of psychosocial distress, i.e., pretreatment levels of depression, pain, and disability. Please note that the patient is not interested in invasive procedures and is not interested in surgery. There is a 10/25/13 primary treating physician note that states that the patient presents for follow up of lower back pain. The patient reports that currently, he is not experiencing any pain. He notes that he has pain when he stands, at night and when he wakes up in the morning. He notes that when he does have pain, it is located in the lower back and on the lateral aspect of the left lower extremity to the knee. He also complains of intermittent numbness and tingling in the lateral aspect of the left lower extremity that extends to the knee. The patient reports that the only form of treatment he has tried in the past that did provide him with some relief has been massage therapy with suction cups. He does inquire about this treatment form at this time. He does not take any pain medications and does not require medication refills today. The physical exam reveals the patient is well-developed, well-nourished, and in no cardiorespiratory distress. He is alert and oriented x 3. The patient ambulates to the examination room without assistance. The plan includes to await a response for the request for the initial evaluation for the functional restoration program. In the meantime, the patient has had massage therapy with suction cups in the past that h

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FOR A FUNCTIONAL RESTORATION PROGRAM FOR LOWER BACK.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Functional Restoration).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use Of Multidisciplinary Pain Management Programs Page(s): 31-32..

Decision rationale: An initial evaluation for a functional restoration program for the lower back is medically necessary per the MTUS guidelines. The guidelines indicate that the outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been 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 resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments. The above are criteria for the general use of multidisciplinary pain management programs. The request is not for admission to a

multidisciplinary pain management program, but rather an initial evaluation. The patient does exhibit the criteria that he has had unsuccessful prior treatments for his chronic pain. He has a loss of function from the pain. The patient does not desire surgery. The initial evaluation will evaluate if he is an appropriate candidate including his motivation to change and willingness to forgo secondary gains. An initial evaluation is not an admission the functional restoration program. Therefore, the request for an initial evaluation for a functional restoration program for the lower back is medically necessary.