MAXIMUS Federal Services

Case Number:	CM13-0066110		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2013
Decision Date:	08/14/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old female who reported an injury on 07/30/2013. The mechanism of injury was a fall. Her diagnoses include lumbar spine sprain/strain, lower extremity neuropathy, and left hip sprain/strain. Her previous treatments include medications, physical therapy, acupuncture, medications, TENS unit, and chiropractic care. Per the clinical note dated 10/21/2013, the injured worker had complaints of low back pain and left hip pain. She reported her pain was worse in the morning and it radiated from her low back to her left hip. The injured worker reported that therapy and acupuncture had helped to decrease her pain temporarily and she was able to do more activities of daily living. She also reported that the medication also helped to decrease her pain temporarily and she denied any side effects of the medications. On examination of the lumbar spine, the physician reported there was tenderness to palpation with spasms of the paraspinals, limited range of motion secondary to pain, pinwheel sensory dermatomes L1-S1 were intact, and the patellar L4 and Achilles S1 were 2+ bilaterally. On examination of the left hip and thigh, the physician reported there was tenderness to palpation of the greater trochanter with limited range of motion secondary to pain. The physician reported an MRI on 10/16/2013 of the left hip impression was unremarkable and MRI of the lumbar spine with flexion and extension was also noted to be unremarkable. The physician's treatment plan included a recommendation for functional restoration and acupuncture 2 times a week for the next 6 weeks, as well as range of motion and muscle strength testing. The physician also stated the injured worker had a home exercise kit and he was requesting a TENS (Transcutaneous Electric Nerve Stimulation) unit, as well as hot and cold pack/wrap. Per the clinical note dated 12/09/2013, the injured worker had continued to have complaints of low back, left hip, left shoulder, and upper back pain. She reported that her pain was well controlled with medication

and stated that the therapy and acupuncture helped to decrease her pain temporarily. The physician's treatment plan recommendation was to obtain an EMG/NCV (Electromyography / Nerve Conduction Velocity) of the lower extremities and she could continue with functional restoration 2 times a week for the next 6 weeks along with acupuncture at 1 times a week for the next 6 weeks, as well as range of motion and muscle strength testing. The physician also recommended a request for an MRI of the left shoulder and left scapula. The physician also reported the injured worker could return back to work on modified duty. The current request is for a Functional Restoration Program 2 times weekly for 6 weeks. The rationale for the request was not provided in the medical records. The request for authorization was provided on 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 2 times weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The California MTUS Guidelines state that prior to admission to a Functional Restoration Program, an adequate and thorough evaluation has been made, including baseline function testing so follow-up with the same test can note functional improvement. Additionally, documentation should show that previous methods of treating chronic pain have been unsuccessful and there is an absence of any other option likely to result in significant clinical improvement and the patient has a significant loss of ability to function independently resulting from chronic pain. Additionally, the guidelines indicate that treatment is not suggested for longer than 2 weeks without evidence of objective gains. The clinical documentation provided indicated the injured worker had persistent low back and left hip pain which had previously been treated with physical therapy, chiropractic care, medications, injections, and a TENS (Transcutaneous Electric Nerve Stimulation) unit. The injured worker was not shown to have previously undergone a thorough multidisciplinary evaluation which is required for admission to the requested type of program. In addition, the most recent clinical note indicated the injured worker could continue with functional restoration at 2 times a week for the next 6 weeks and continue with acupuncture. A clear rationale for the request for Functional Restoration Program 2 times a week for 6 weeks was not provided and there was no documentation indicating whether the patient had undergone the recommended physical therapy or psychological evaluation. Based on the documentation showing a recent recommendation for other treatment options, as the criteria for admission to a Functional Restoration Program includes that there is an absence of other treatment options, the request is not supported. As such, the request for Functional Restoration Program 2 times weekly for 6 weeks is not medically necessary and appropriate.