

Case Number:	CM13-0070659		
Date Assigned:	01/08/2014	Date of Injury:	05/03/2010
Decision Date:	05/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesia, has subspecialties in Acupuncture and Pain Medicine, 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 patient is a 50 year old male with a date of injury of 5/3/10 and associated low back pain with radicular pain into the right lower extremity. Per the physical examination dated 1/8/14, the lumbar spine is tender to palpation over the low paraspinal muscles from the approximate L3-L5 levels and the greatest on the right. Straight leg raise is slightly positive on the right with reproduction of pain into the calf. Gait is noted to be non-antalgic. The patient is able to ambulate without use of an assistive device. An MRI of the lumbar spine dated 4/5/13 revealed mild multilevel degenerative disc disease with a small left paracentral disc protrusion at L2-3, and a central annular fissure, disc protrusion, and right paracentral disc extrusion at L3-4, extending along the posterior margin of the L3 vertebral body. Treatment to date has included epidural steroid injection, lumbar facet radiofrequency ablation on 2/12/13, physical therapy, chiropractic therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 30 DAY, 80 HOUR TRIAL OF A FUNCTIONAL RESTORATION PROGRAM:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: With regard to chronic pain programs, the Chronic Pain Medical Treatment Guidelines state that they are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria. The criteria for the general use of multidisciplinary pain management programs are as follows: (1) An adequate and thorough evaluation has been made, including baseline functional testing, so functional improvement can be seen; (2) The 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 for surgery or other treatments (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; and (6) Negative predictors of success above have been addressed. Review of the submitted documentation indicates that the injured worker has already undergone an initial evaluation and multidisciplinary conference at the [REDACTED] Functional Restoration Program. Per that evaluation, it was determined that the injured worker has not been able to functionally improve to any significant degree despite past treatments. Physical therapy or psychotherapy alone would not be adequate in bringing him to a level of wellness where he could return to work without significant complaints or increases in his painful symptoms. A functional restoration program will provide the greatest probability of optimizing his functioning and preventing additional sequelae of his chronic pain by instituting multidisciplinary treatment. As the injured worker meets the criteria for the use of a functional restoration program, the request is medically necessary.