

Case Number:	CM14-0000151		
Date Assigned:	01/08/2014	Date of Injury:	04/06/2006
Decision Date:	04/22/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 Pain Management 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:

This is a male patient with a date of injury of April 6, 2006. A utilization review determination dated December 9, 2013 recommends non-certification for evaluation for a functional restoration program. Non-certification is recommended due to a lack of discussion regarding the patient's functional limitations as well as current treatment plans including an epidural injection and physical therapy, lack of documentation indicating that there has been a discussion of motivation and negative predictors of success, and lack of documentation regarding successful outcomes from the requested functional restoration program. A progress report dated August 7, 2013 identifies subjective complaints indicating that the patient continues to have pain including numbness, tingling, and burning in his legs. The note indicates that the physician is still waiting to get approval for a lumbar epidural steroid injection. Objective examination findings identify nearly normal range of motion in the lumbar spine with tenderness to palpation across the lower back and decreased sensation in the L5 dermatomal distribution. Diagnoses include chronic low back pain with multiple levels of this disorders, left lumbar radiculopathy, and depression. The treatment plan recommends a lumbar epidural steroid injection, 12 sessions of physical therapy, continuing each wave therapy, functional capacity evaluation to determine the patient's work restrictions, Ultram, Lidoderm patches, Prilosec, Celebrex, Cymbalta, and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 30.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines 8 C.C.R.
Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 30-34 and 49 of 127.

Decision rationale: Regarding the request for an functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, it appears that the requesting physician is currently requesting physical therapy and an epidural injection. Guidelines do not support the use a functional restoration programs if there are other treatment options which are expected to be beneficial. As such, the currently requested functional restoration program is not medically necessary.