

Case Number:	CM14-0000405		
Date Assigned:	01/10/2014	Date of Injury:	11/21/2007
Decision Date:	04/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice, 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 56-year-old male who reported an injury on 11/21/2007. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with cervical, thoracic, and lumbar spine strain, lumbar spine status post L3-S1 fusion, lumbar spine status post L1-S1 fusion, status post spinal cord stimulator implantation, and lumbar spine/bilateral lower extremity radiculopathy. The patient was recently seen by [REDACTED] on 11/19/2013. The patient was 3 weeks status post L1 to S1 lumbar fusion. The patient reported increasing pain on the right side of the lower back. It is noted that the patient was awaiting authorization for surgery to address the implanted spinal cord stimulator. The patient reported improvement in bowel and bladder dysfunction following surgery. The patient also reported improvement in symptoms with ice, heat, stretching, walking, relaxation, and TENS therapy. Physical examination on that date revealed limited cervical range of motion, mild paravertebral muscle spasticity, myospasm in the paraspinal musculature with tenderness in the lumbar spinous processes, a surgical incision site in the midline over L2-3, painful range of motion, and reduced sensation to light touch in the L5 dermatomal distribution. Treatment recommendations at that time included continuation of current medications as well as participation in a functional restoration program within the next 3 to 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM TRIAL FOR TEN (10 DAYS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. As per the documentation submitted, the patient reports improvement in symptoms with ice, heat, stretching, walking, relaxation, and TENS therapy. The patient is also pending authorization for removal of an implanted spinal cord stimulator. There was no documentation of an adequate and thorough evaluation, including baseline functional testing. Given the fact that the patient does report improvement in symptoms with conservative treatment, as well as the fact that the patient is currently awaiting authorization for a procedure that could result in significant functional improvement, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.