

Case Number:	CM14-0001717		
Date Assigned:	01/22/2014	Date of Injury:	08/14/2010
Decision Date:	08/14/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 08/14/2010. The mechanism of injury was lifting. His current diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, and pain psychogenic NEC. His previous treatments include physical therapy, medication, TENS unit, and surgery. Per the clinical note dated 11/19/2013 the injured worker had complaints of pain in his low back which radiated to his lower extremity and neck pain that radiated into his left upper extremity. He reported that his pain was aggravated by bending over, lifting, twisting, and pushing. He indicated that hot water and left handed glove helps with the pain. The injured worker indicated that he had been utilizing street drugs and he stated that he was going into rehab in 02/2014. Upon physical examination of the lumbar spine, the physician reported there was flattening of the lumbar lordosis; flexion was 60 degrees, extension 10 degrees, lateral tilt was limited by 50% bilaterally. Examination of the cervical spine revealed normal flexion, extension was limited by 25% and lateral tilt to the left was limited by 25% and the right was 10%. He reported the rotation was normal. The physician reported the injured worker had a negative straight leg raise test and the sensory examination was nonfocal in the lower extremities. Sensory examination in the upper extremities showed decreased sensation in the ulnar aspect of the left hand and left forearm. He reported the reflexes in the upper extremities were nonfocal although the left could not be adequately assessed because of the significant pain in the left elbow area. The physician reported he conducted a urine toxicology screen test which was positive for multiple medications including Tetrahydrocannabinol (THC), Oxycodone, Benzodiazepine and two other substances. The physician reported the injured worker's pain profile demonstrated increase in depression score, anxiety score, and somatization score. The SCL-90-R could not be tested due to the large number of symptoms that were described and the Millon Behavioral Medicine Diagnostic also

could not be scored. The physician reported, based on the clinical assessment of the injured worker and psychological testing he is experiencing significant psychological issues, which will hinder his progress with direct medical treatment. The physician reported he needed psychological treatment and to go through detox and to participate in a Functional Restoration Program. The physician also reported that the injured worker was a candidate for initial evaluation at [REDACTED] Functional Restoration Program. The injured worker reported that he planned to go drug rehab in 04/2014. The current request is for initial interdisciplinary evaluation functional restoration program. The rationale for the request was not provided. The Request for Authorization was provided on 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Interdisciplinary Evaluation Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

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

Decision rationale: The California MTUS Guidelines state that prior to admission to a Functional Restoration Program an adequate and thorough evaluation should be completed, to including baseline function testing so follow-up with the same tests can note functional improvement. Additionally, documentation should show 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, and the patient has a significant loss of ability to functional independently resulting from the chronic pain. The documentation indicated the injured worker had been using illicit drugs and was to participate in a detox program; however, the documentation failed to indicate if the detox program had been completed. A clear rationale for the request was not provided and there was no documentation indicating whether the injured worker had undergone the recommended physical therapy or psychological evaluation. As such, the request for the initial interdisciplinary evaluation Functional Restoration Program is not medically necessary.