

Case Number:	CM14-0007260		
Date Assigned:	02/07/2014	Date of Injury:	03/27/2013
Decision Date:	06/23/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/20/2014

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 Occupational 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 41-year-old male who has submitted a claim for lumbar spine sprain/strain associated with an industrial injury date of March 27, 2013. The patient complains of persistent axial low back pain despite conservative treatment. He also suffers from psychological disorder in the form of reactive depression. Physical examination of the lumbar spine showed limitation of motion, and tenderness over the paraspinal muscles and facet joints, decreased lower extremity DTRs, and positive facet loading maneuvers. There were no sensory deficits noted. The working diagnosis is myofascial pain secondary to underlying spinal pathology. A diagnostic lumbar facet medial branch block and epidural steroid injection performed on July 2, 2013 gave only temporary relief. The patient was evaluated by Neurosurgery on August 30, 2013, and deemed not to be a surgical candidate. He continues to have functional deficiency derived from chronic low back pain in the context of depressive disorder; he continues to work on a modified duty basis. A multidisciplinary approach in the confines of a functional restoration program was suggested. Treatment to date has included oral and topical analgesics, muscle relaxants, home exercise program, activity modification, chiropractic care, physical therapy, aquatic therapy, lumbar medial branch blocks and back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM, LOWER BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS, 31-32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 30-32.

Decision rationale: Pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, a multidisciplinary approach in the confines of a functional restoration program was suggested. The patient continues to have functional deficiency derived from chronic low back pain, in the context of depressive disorder, despite conservative treatment. He was evaluated by Neurosurgery on August 30, 2013 and deemed not to be a surgical candidate. However, the medical records did not provide an adequate and thorough evaluation, and baseline functional testing was also not performed. Moreover, there was no objective evidence of significant loss of the patient's ability to function independently. Negative predictors of success have not been addressed as well. Guideline states that all criteria must be met in order to consider functional restoration program participation as medically necessary. The criteria were not met. Therefore, the request for functional restoration program is not medically necessary.