

Case Number:	CM14-0008393		
Date Assigned:	02/12/2014	Date of Injury:	10/23/2012
Decision Date:	07/15/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 57-year-old who has submitted a claim for Sprains and Strains of Neck; Sprain/Strain, Thoracic Region; Degeneration, Lumbar Disc; and Lumbar Disc Displacement without Myelopathy, associated with an industrial injury date of October 23, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of cervical, thoracic, and lumbar spine pain. He also reported very severe spasms in his lower back. On physical examination, the patient ambulated without difficulty. Spinal curvatures were normal. There was spasm and guarding in the right cervical, thoracic, and lumbar paravertebral regions. Range of motion of the cervical spine was normal. Lumbar spine range of motion was limited on all planes. Straight leg raise was negative bilaterally. Reflexes were 1+ at the bilateral patellar and Achilles regions. No motor deficits were noted. Psychological testing dated November 11, 2013 utilizing the Symptom Checklist-90-R, Pain Patient Profile, and Millon Behavioral Medicine Diagnostic tool revealed borderline results. Treatment to date has included medications, ten physical therapy sessions, and TENS (transcutaneous electrical nerve stimulation) unit. Utilization review from December 23, 2013 denied the request for initial evaluation for functional restoration program because there was no indication that other forms of treatment of chronic pain had been attempted other than physical therapy and there was no indication that the patient was treated with psychotropic medications or had been evaluated for possible psychotherapy for his depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Overturned

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 Functional Restoration Programs Page(s): 30-32.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) 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) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, the requesting physician stated that the patient's candidacy for participation in a functional restoration program was to be determined in the requested initial evaluation. An appeal dated January 20, 2014 stated that the patient was unlikely to benefit from a procedural intervention and that he was not a surgical candidate. The appeal also stated that the patient did not have a pre-morbid history of psychological illness and otherwise did not appear to have any negative predictors of success for a functional restoration program. The medical records also showed that an adequate evaluation was made with regard to his psychiatric complaints. Furthermore, previous methods of treating chronic pain were noted to be unsuccessful. The criteria were met. Therefore, the request for an initial evaluation for functional restoration program is medically necessary and appropriate.