

Case Number:	CM14-0008728		
Date Assigned:	02/12/2014	Date of Injury:	06/20/2012
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
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 Neurological Surgery, 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 injured worker is a 35 year old female with a date of injury of June 20, 2012. The mechanism of injury reported is described as the injured worker assisting a 375 pound patient move to the middle of the bed while working as a certified nursing assistant, injuring her low back. A progress note dated December 3, 2013 is provided for review indicating the injured is seen for back and leg symptoms. The record indicates a functional restoration program evaluation was completed. The record demonstrates that to date, a Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, acupuncture therapy, yoga, Aqua therapy, and a sacroiliac (SI) belt were provided. An MRI was done in July 2012 with moderate central protrusion at the L5-S1 level with mild disc bulging at L4-5 and mild bilateral foraminal stenosis at L5-S1. An electrodiagnostic (EMG) from August 2012 suggested a non-localizable peroneal and sciatica neuropathy affecting the left lower limb with active degeneration not consistent with a lumbar radiculopathy. Current medications include Cymbalta, Naproxen, and Omeprazole. The physical examination reveals paravertebral muscle tenderness to palpation bilaterally. Fabere test is positive on the left. The record notes a 5'6" tall individual weighing 160 pounds. The diagnosis is chronic pain, low back pain, and sacroiliac sprain. The record indicates that the claimant has chronic low back pain secondary to SI joint dysfunction and possible radiculopathy in the left limb. Follow-up is recommended following the functional restoration program request. An interdisciplinary consultation dated December 18, 2013 is provided. A previous review of this request resulted in a recommendation for non-certification on December 18, 2013. A progress note from October 2013 indicates the injured worker's current treating physician is recommending a functional restoration program and that no matter how excellent the results of the program might be, it is the provider's belief that it will not permit the claimant to return to her job as a CNA due to the job requirements of the position.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) FUNCTIONAL RESTORATION PROGRAM PART-DAY SESSIONS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- FUNCTIONAL RESTORATION PROGRAMS, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 8 C.C.R. §§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18,.

Decision rationale: The number of hours a day and the total number of hours requested for this "12 part day sessions" has not been disclosed. The MTUS Chronic Pain Guidelines' criteria indicate this program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. A prior evaluation in October indicates it is unlikely that such a program will enable the claimant to return to her prior occupation. Additionally, a psychiatric evaluation was recommended. While this may be included as part of a multi-disciplinary program, it would seem prudent to have the psychiatric symptoms (depression) under reasonable control prior to initiating the multidisciplinary program so that maximum benefit can be achieved prior to the start of this program. Based on the lack of clinical data about the duration/hours of a twelve part day session, the Guideline requirements for the number of days recommended for a "trial" without documentation of functional improvement, and the injured worker's recommendation for psychiatric evaluation, this request is not medically necessary and appropriate.