

Case Number:	CM14-0009467		
Date Assigned:	02/14/2014	Date of Injury:	12/13/2012
Decision Date:	09/29/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 40-year-old male who reported an injury on 12/13/2012 due to an unknown mechanism. Diagnoses were lumbar facet syndrome, chronic pain syndrome, low back pain, regional myofascial pain syndrome, and sprain sacroiliac. Past treatments were extensive chiropractic sessions, physical therapy, and trigger point injections. Diagnostic studies were MRI of the lumbar spine on 01/23/2013 that revealed at the L3-4 there was a minimal 1 mm AP disc bulge and mild bilateral foraminal stenosis, the L4-5 there was another 1 mm disc bulge and suggestion of congenital short pedicles. There was moderate left and mild to moderate right neural foraminal stenosis. Surgical history was not reported. Physical examination on 01/06/2014 revealed that the injured worker had completed sessions of chiropractic therapy and he reported it had very little benefit. The injured worker does not want to proceed with epidural steroid injections but is open to further treatment options. The injured worker reported pain in the low back that was constant and had difficulty sleeping. Examination of the lumbar spine revealed range of motion was restricted with flexion limited to 30 degrees due to pain and extension limited to 20 degrees due to pain. On palpation, the paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) was noted on both sides. Multiple myofascial trigger points were noted. Lumbar facet loading was positive on both sides. Medications were diclofenac sodium ER 100 mg 1 tablet every 12 hours as needed, tizanidine HCL 2 mg 1 tablet at night time. Treatment plan was for a functional restoration program for the low back. The rationale was "previous treatments have failed" "has had extensive chiropractic treatment" "has had physical therapy" "has had trigger point injections" "is not a surgical candidate" "does not want interventional procedures" "has been tried on neuropathics" "Solidify self-management of pain" "taper MD visits". The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program, Chronic Pain Programs Page(s): 49, 30, 32.

Decision rationale: The request for functional restoration program for the low back is not medically necessary. The California Medical Treatment Utilization Schedule states that it is recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs were originally developed by Mayer and Gatchel. Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Criteria set forth by the medical guidelines for a functional restoration program are; an adequate and thorough evaluation has been made, including baseline functional testing so followup with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The patient has a significant loss of ability to function independently resulting from the chronic pain, and is not a candidate for surgery or other treatments would clearly be warranted. If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided. The patient must exhibit motivation to change, and is willing to forego secondary gains, including disability payments. Negative predictors of success should have been addressed. Total treatment duration should generally not exceed 20 full day sessions. It was reported that the injured worker had physical therapy. It was not reported that physical therapy failed. There was no psychological testing reported. The request does not indicate how many days or hours of the functional restoration program. Therefore, the request is not medically necessary.