

Case Number:	CM14-0100481		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2011
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 and 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 51-year-old male with a reported date of injury on 09/03/2011. The mechanism of injury was noted to be when he crashed into a forklift while driving a forklift. His diagnoses were noted to include chronic pain, low back pain, radiculopathy S1 on the left, status post L4-5 discectomy, and disc disorder to the lumbar region. His previous treatments were noted to include medications, a home exercise program, a TENs unit, and physical therapy. The progress note dated 02/28/2014 revealed the injured worker reported numbness to the bottom of his left foot 4 to 5x a day. A physical examination of the lumbar spine revealed tenderness to the paravertebral muscles and spinous process tenderness noted on the L4-5. There was tenderness noted over the posterior iliac spine on both sides. The manual muscle testing strength revealed 4/5 for hip flexors, knee flexors, and knee extensors. The reflexes to the lower extremities responded symmetrically to the reflex examination. The Request for Authorization form dated 04/11/2014 was for a functional restoration program evaluation for the lumbar spine to reduce pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation - Lumbar Spine: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, 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 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 remains positive when compared to cohorts that did not receive an intensive program. Criteria for the general use of multidisciplinary pain programs: adequate and thorough evaluation has been made, including baseline functional testing so followup with same test can note functional improvement, previous methods of treating chronic pain have not been as successful and there is an absence of other options likely to result in significant clinical improvement, the patient has had a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate for surgery or other treatments would be warranted, the patient exhibits the motivation to change and is willing to forgoes secondary gains, including disability payments to effect this change, and negative predictors have been addressed. There is lack of documentation regarding current measurable objective functional deficits and there is not an indication the injured worker was willing to forgoe secondary gains such as disability payments to affect the change with a functional restoration program. Therefore, the request for Functional Restoration Program Evaluation Lumbar Spine is not medically necessary.