

Case Number:	CM14-0105705		
Date Assigned:	07/30/2014	Date of Injury:	07/07/2008
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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, has a subspecialty in Interventional Spine 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 54-year-old male with date of injury of 07/07/2008. The listed diagnoses per [REDACTED] dated 05/20/2014 include lumbar radiculitis and lumbar spondylolisthesis. According to this report, the patient complains of back pain and left knee pain with swelling. The patient reports that his pain is constant, aching, stabbing, that ranges from 6/10 to 8/10. He is also reporting increased amount of numbness going down to his legs, feet and toes. He denies any bowel or bladder dysfunction. He has been taking Tramadol 150 mg once a day, which has been helpful and effective for his pain along with Lyrica. The objective finding shows trigger points palpated in the quadratus lumborum region. There is moderate effusion of the left knee with mild laxity to valgus stress in the left knee with medial joint line tenderness. Active range of motion in the lumbar spine is limited to pain. Sensory examination in the lower extremities demonstrated paresthesias along the medial and lateral aspect of the right and left leg. Deep tendon reflexes are symmetric and physiologic at 2/4 at the patella and diminished at the ankle bilaterally. Positive SI joint compression test and slump test. McMurray's and patella compression tests are positive on the left. The patient's gait is mildly antalgic on the left. The physician references an x-ray on 08/29/2012 that reported multilevel degenerative findings and spondylolisthesis. The utilization review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation at the [REDACTED] Functional Restoration Program: Overturned

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 programs (FRPs); Chronic pain programs (functional restoration programs) Page(s): 49; 30-33.

Decision rationale: This patient presents with back and left knee pain. The treater is requesting an initial evaluation at the [REDACTED] Functional Restoration Program. The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, the treater is requesting an evaluation to determine if the patient would be a good candidate for the program. MTUS requires a thorough evaluation before consideration in the program is made. Recommendation is for approval.