

Case Number:	CM14-0012404		
Date Assigned:	02/21/2014	Date of Injury:	01/05/2009
Decision Date:	07/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/30/2014

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 61-year-old male who reported an injury on 01/05/2009. The mechanism of injury was not provided in the documentation. Per the clinical note dated 02/19/2014, the injured worker continued to report low back pain with radiation into his left anterior and lateral lower extremity stopping at the posterior knee. The pain was described as constant and dull with a pins and needles sensation to the left foot with activity. The injured worker reported his pain at 3/10 with medications, however, during aggravation of his pain it can exceed 8/10 to 10/10. The injured worker reported continuing depressive symptoms and is continuing to see a psychologist and undergoing therapy sessions with improvement in understanding of his condition. The injured worker is also reporting stress imposed by his previous supervisor. On physical examination, the injured worker ambulated with a non-antalgic gait. Examination of the lumbar spine revealed limitations in the range of motion, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with lumbar paraspinal spasms and positive lumbar facet loading maneuvers bilaterally, however, a negative straight leg raise bilaterally. Motor strength was 5/5 symmetrically bilaterally to the upper and lower extremities with the exception of 4/5 strength to the left EHL ankle dorsiflexion. Sensation was intact to light touch and pinprick throughout the upper and lower extremities with the exception of diminished sensation to the left L4 dermatome. Deep tendon reflexes were normal and symmetrical at 2+/4 in both upper and lower extremities. The diagnoses for the injured worker were reported to include displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc and thoracic sprain. An MRI of the lumbar spine dated 01/07/2013 reported diffuse narrowing of the lumbar spinal canal due to congenital shortening of the pedicles. Per documentation regarding psychological visits as well as biofeedback, the injured worker was reported to have continued emotional turmoil and depression regarding inappropriate harassment

and cruel behavior by his supervisor. The Request for Authorization for multidisciplinary evaluation for candidacy for a functional restoration program was not provided in the documentation. The provider's rationale for the multidisciplinary evaluation for candidacy for a functional restoration program was reported to be as a result of ineffective previous treatment modalities. Previous treatments by the injured worker seemed to have included physical therapy, medication and epidural steroid injections, however, there was no documentation regarding any of the treatments beyond medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION FOR CANDIDACY FOR A FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Chronic pain programs (functional restoration programs) Page(s): 7, 30.

Decision rationale: According to the MTUS Chronic Pain Guidelines, functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The patient should be motivated to improve and return to work and meet the injured worker's selection career criteria. There was a lack of documentation within the medical records provided for review regarding conservative treatment utilized for the injured worker. The documentation stated the injured worker participated in physical therapy sessions; however, there was a lack of documentation regarding those sessions and the efficacy of those sessions. There is a lack of documentation regarding a home based exercise program and the injured worker's participation in that program. There was documentation that a TENS unit had been requested; however, there was a lack of documentation regarding a trial of the unit or the efficacy of that trial. There was documentation provided from biofeedback sessions, biotherapy sessions and psychological sessions that reported the injured worker's ongoing negative issues with his supervisor that are adding to his current issue with pain and depression. An evaluation by a physician, a psychologist and a physical therapist have all been accomplished as the injured worker had attended or is attending treatments with the above mentioned disciplines. There was a lack of clinical documentation regarding the epidural steroid injections and the outcome of those injections. The clinical notes from 04/2013 and 10/2013 stated the injured worker declined epidural steroid injections. Therefore, the request is not medically necessary and appropriate.