

Case Number:	CM14-0013869		
Date Assigned:	02/26/2014	Date of Injury:	09/14/2010
Decision Date:	07/15/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 39-year-old female with a 9/14/10 date of injury. She is a registered nurse, and injured her lower back while transferring a patient from the operating room table to the gurney. On 12/30/13, the provider documents that she has undergone multiple methods of treating chronic pain including acupuncture, physical therapy, exercise, trigger point injections, relaxation training, nerve blocks, and medications, which have not helped. She is in need of education and support regarding her pain and would benefit by immersion into a multidisciplinary approach. A 12/4/13 progress report indicates persistent chronic low back pain. Objective exam shows lumbar tenderness and spasm, trigger points, cervical tenderness, antalgic gait, and diminished sensation in the right L5 dermatome. Treatment to date has included physical therapy, lumbar epidural steroid injection, activity modification, trigger point injections, acupuncture, medication management, and nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION (1 DAY FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP
Page(s): 31-32.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, on 12/4/13, the provider documents that he is recommending the patient pursue surgical treatment due to a recent exacerbation of her pain. She has been considered a surgical candidate previously for her lumbar disease, but has not proceeded with surgery due to cardiac risk factors from an underlying heart condition. The provider notes that they are requesting a lumbar MRI to further evaluate the cause of her severe back pain and will re-evaluate. Upon reviewing the documentation provided, it is not clear that provider wishes to move forward with a Functional Restoration Program evaluation at this time since the patient is felt to be a possible surgical candidate. In addition, there is no documentation provided regarding the patient's motivation to return-to-work, or if she has had any unsuccessful return-to-work attempts. In addition, although from the documentation provided, the physician is requesting a FRP evaluation, this request states they are requesting a 1 day FCE. As such, the request is not medically necessary.