

Case Number:	CM14-0014671		
Date Assigned:	02/28/2014	Date of Injury:	05/06/2007
Decision Date:	08/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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 69-year-old female who has submitted a claim for lumbar spinal stenosis and spondylolisthesis with L5-S1 disc herniation and left-greater-than-right radiculopathy; internal derangement, left knee; history of chronic constipation/obstipation; missing dentition, middle of mandible, lower jaw, associated with an industrial injury date of May 6, 2007. Medical records from 2014 were reviewed, which showed that the patient complained of bowel difficulties with frequent constipation and obstipation, requiring her to perform manual disimpaction. She also complained of intermittent abdominal pain. She also reported constant low back pain and numbness and tingling radiating down the posterolateral portion of the left lower extremity. She also had left knee pain. On physical examination, the patient utilized a wheeled walker but was able to ambulate without it. Gait was antalgic, favoring the left lower extremity. Spasm and guarding was noted at the base of the lumbar spine. Lumbar spine range of motion was restricted. Straight leg raise test was positive on the right. Reflexes were 1+ but symmetrical at the patellar and Achilles region. No motor deficits were reported. Treatment to date has included medications, physical therapy, aquatic therapy, gym exercises, acupuncture, and TENS unit. Utilization review from January 28, 2014 denied the request for initial evaluation at [REDACTED] functional restoration program because there was no documentation of recent failed comprehensive treatment and there was no documentation of any psychopathology or impact of symptoms concerning activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at [REDACTED] functional restoration program: Overturned

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, an appeal dated February 10, 2014 stated that the patient was motivated to improve her activity tolerance and exercise. The appeal further stated that the patient was unable to progress beyond aquatic therapy and that she was debilitated from a functional standpoint, which would include significant loss of ability to function independently. The appeal also discussed that previous methods of treating chronic pain have been exhausted and there was absence of clear options likely to result in significant clinical improvement. The patient was also not a candidate for surgery. Negative predictors of success were also addressed in the appeal. The criteria were met. Therefore, the request for initial evaluation at [REDACTED] functional restoration program is medically necessary and appropriate.