

Case Number:	CM14-0014738		
Date Assigned:	02/28/2014	Date of Injury:	05/31/2012
Decision Date:	10/07/2014	UR Denial Date:	01/30/2014
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 Physical Medicine & 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 52-year-old female with an injury date of 05/31/2012. Based on the 01/15/2014 progress report, the patient complains of lower back pain and mid back pain with radiation to the right ankle which is constant, sharp, dull radiating to the right lower extremity with numbness, tingling, and weakness. The 01/09/2014 report indicates that the patient rates her pain as a 3/10 and states that the medications are helping. On sensory examination, light touch sensation is decreased over L5, S1 dermatomes on the right side. Range of motion of the lumbar spine is restricted with flexion/extension and the patient has an antalgic gait. The 07/09/2012 lumbar spine MRI reveals the following: 1.At L3-L4, mild left foraminal stenosis and effacement on the thecal sac is present.2.At L5-S1, mild bilateral foraminal stenosis is present.The 08/31/2012 EMG of the lower extremities reveals the following:1.Moderate acute S1 radiculopathy on the right.2.No evidence of peripheral neuropathy.The patient is currently taking hydrocodone-acetaminophen 5 mg-500 mg and naproxen. She is diagnosed with thoracic or lumbosacral neuritis or radiculitis, not otherwise specified. The utilization review determination being challenged is dated 01/30/2014. Treatment reports were provided from 08/09/2013 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM INITIAL INTERDISCIPLINARY EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: Based on the 01/15/2014 progress report, the patient complains of lower back and mid back pain with radiation to the right ankle which is constant, sharp, dull radiating to the right lower extremity with numbness, tingling, and weakness. The request is for a functional restoration program initial disciplinary evaluation. MTUS Guidelines page 49 recommends functional restoration programs for chronic pain. A 2-week program is recommended if all of the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient's chronic pain, recommendation is for authorization for the requested evaluation.