

Case Number:	CM14-0112438		
Date Assigned:	09/16/2014	Date of Injury:	07/23/2012
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 57-year-old who reported an injury on July 23, 2012. The injured worker sustained injuries to his back when he slipped and fell off a scaffold from a height of 4 to 5 feet and landed on his left side, sustaining a fracture of his left hip. The injured worker's treatment history included CT scans of the cervical, thoracic, and lumbar spine, x-rays, sacroiliac joint injections, medications, EMG (electromyogram)/NCV (nerve conduction velocity) studies, epidural steroid injections, MRI studies, and medications. The injured worker was evaluated on July 17, 2014. It was documented the injured worker continued to have pelvic pain and low back pain as well as sciatica. His pain was made worse with prolonged standing and walking. The provider noted the initial evaluation Functional Restoration Program was denied. Physical examination revealed normal muscle tone without atrophy in the right/left upper extremity and in the right/left lower extremity. Muscle strength for lower and upper extremity were all within normal limits of 5/5. Medications included naproxen sodium 550 mg, Protonix 20 mg, docusate sodium 100 mg, and tramadol HCl ER 150 mg. Diagnoses included pelvic fracture, disorders sacrum, sciatica, and fracture acetabulum. Within the documentation provided, the provider noted the injured worker has undergone formal physical therapy following his surgery. However, the provider and the injured worker felt the physical therapy alone would not be an adequate treatment for this injured worker at this time. The provider noted the injured worker reported depressive symptoms, hopelessness, and anxiety secondary to chronic pain and functional deficits. From a physical standpoint, he notes that he has difficulty picking up objects from the floor. He also reported difficulty with household chores that require bending or stooping. He also reported difficulty putting on his shoes. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for a functional restoration program regarding the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Function Restoration, Chronic Pain Management. Page(s): 7 and 30-31..

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) state that 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 is the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or reassume primary responsibility ("locus of control") for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and avocational goals, as measured by functional improvement. It also states multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated, goal oriented, functional restoration approach. The documentation the provider submitted a utilization review treatment appeal on July 2, 2014 indicating the injured worker continues to report significant chronic low back pain that was regularly constant. The provider indicated that the injured worker is not a surgical candidate at this time. The provider indicated the injured worker is not a surgical candidate at this time and has not undergone a formal physical therapy program following his surgery. However, the provider feels that the physical therapy alone will not be an adequate treatment for this gentleman at this time. The provider indicated the injured worker was unsuccessful of previous conservative care. However the provider failed to include the injured worker's long term goals, and failed outcome measurements of conservative care treatment such as physical therapy, pain medication management, and home exercise program. As such, the request for Initial evaluation for a functional restoration program regarding the lumbar spine is not medically necessary or appropriate.