

Case Number:	CM14-0130435		
Date Assigned:	08/20/2014	Date of Injury:	11/18/2009
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 65 year old male who reported an injury on 09/12/1999 due to hammering and breaking stucco at a work site. The injured worker had diagnoses including lumbar radiculopathy, lumbar disc degeneration, sexual dysfunction, insomnia and lumbar facet joint syndrome. Prior treatments included right trochanteric bursa injection with an 80% pain relief lasting up to 1 week with a gradual increase in intensity and return to baseline. Diagnostic studies included an MRI of the lumbar spine which was performed on 05/22/2014 and an MRI of the cervical spine which was performed on 08/01/2008. The injured worker previously underwent right sided carpal tunnel release on 04/08/2011 and left side carpal tunnel on release 05/09/2011. The injured worker complained of weakness in the right leg, bilateral wrist pain, increased pain in hip, and right shoulder pain low back pain radiating to posterolateral thighs and calves wrapping around, and including dorsum of both feet and middle toes. He also reported that he had pain 90-100% of the time. The clinical note dated 07/31/2014 noted the injured worker's cervical spine showed a twitch response along with radiating pain upon palpation on both sides of the trigger point. Tenderness was noted at the paracervical muscles upon palpation. Exam of the thoracic spine also showed a twitch response obtained along with radiating pain upon palpation on both sides of the trigger point with tenderness. Thoracic facet loading was positive on both sides. Exam of the lumbar spine showed trigger points as well as tenderness over the L4 and L5 regions. Straight leg raise was positive on the right side at 45 degrees in a sitting position. Exam of the right trochanter showed positive tenderness. There were multiple trigger points over the right ilio-tibial band appreciated. Ober's sign was positive on the right. Right shoulder showed active elevation was limited to 90 degrees due to pain. On palpation, there was tenderness noted over the acromioclavicular joint and glenohumeral joint. Medications included cyclobenzaprine, clonazepam, hydrocodone-actaminophen, gabapentin and

naproxen. The provider's treatment plan was to evaluate the injured worker as a candidate for a functional restoration program. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Consultation for Multi-Disciplinary Evaluation for Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs) Page(s): 30-32.

Decision rationale: The California MTUS guidelines recommend functional restoration programs when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. These programs may be beneficial when the patient has a significant loss of ability to function independently resulting from the chronic pain, the patient is not a candidate where surgery or other treatments would clearly be warranted, and the patient exhibits motivation to change and is willing to forgo secondary gains. There is a lack of documentation which specifically details the injured worker's prior treatments and indicates the treatments have been ineffective in reducing the injured worker's pain and decreasing functional limitations. There is no indication that the injured worker is motivated to change, return to work, and forego secondary gains. There is lack of documentation indicating the injured worker has significant loss of the ability to function independently resulting from chronic pain. Therefore, the request is not medically necessary.