

Case Number:	CM14-0132869		
Date Assigned:	08/27/2014	Date of Injury:	01/23/2012
Decision Date:	09/26/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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, licensed in Acupuncture 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 32-year-old male injured worker with date of injury 1/23/12 with related low back pain. Per progress report dated 7/21/14, the injured worker had completed aquatic therapy sessions and felt they did not help much. He did feel that he could exercise with less pain; however, he did not feel that his overall pain condition improved much. He continued to have low back pain radiating down his left lower extremity with associated numbness and tingling. He was not a surgical candidate and had exhausted conservative treatment. MRI of the lumbar spine dated 3/23/12 revealed a 3-4mm L5-S1 protrusion with effacement of the thecal sac, moderate canal stenosis, facet hypertrophy, and potential for S1 root irritation. EMG of the bilateral lower extremities dated 12/23/13 revealed S1 lumbar radiculopathy, no myopathy, no polyneuropathy. Treatment to date has included injections, physical therapy, and medication management. The date of UR decision was 8/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (x160 Hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional Restoration Programs.

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

Decision rationale: With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (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) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed" (there are many of these outlined by the MTUS). The documentation submitted for review contains evidence that the injured worker was refractory conservative treatment, is not a surgical candidate, and has not returned to work. However, there is no documentation that the prescribed functional restoration program, [REDACTED] Functional Restoration Program in [REDACTED], has evidence of proven successful outcomes. The request is not medically necessary.