

Case Number:	CM14-0138748		
Date Assigned:	09/05/2014	Date of Injury:	07/10/2012
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old male with a work injury dated 7/10/12. The diagnoses include lumbar spinal stenosis status post decompression-with-chronic left L5 and S1 radiculopathy postlaminectomy syndrome, severe lumbar spondylosis, chronic pain mood disorder complicated by pseudo dementia and pain related insomnia. Under consideration is a request for a functional restoration program (unknown frequency / duration). There is a primary treating physician report dated 7/14/14 that states that the patient performed welding and- building construction with a history of lumbar radiculopathy that required microdiscectomy at L4-5 and 2000. Symptoms were improved, and he returned to work and required no regular medical intervention. He was on his knees in a-twisted position welding for several days in a row when-he developed recurrent pain and numbness to his left lower extremities radiating to the dorsum of the foot, July 2012. He failed-to-improve with conservative treatment, eventually undergoing L3 through L5-S1 decompression foraminotomies, May 2013. He developed a postoperative DVT (deep vein thrombosis). This was treated. However his-pain has persisted and involves discomfort across the low back is constant present, describes an achy burning and shooting pain-that radiates numbness and a sharp or stabbing pain to the left lower extremity to the dorsum of the foot. He had allodynia and hyperpathia over the dorsal aspect of the limb. Rated as a 7/10. He has admittedly been very lost as to what he can perform. He is fearful of pursuing activity-that may aggravate his condition, resulting in activity has been relatively sedentary. To his credit he began bicycle riding in the last month and has-found that to be tolerable over short distances. He is determined to pursue an active lifestyle. His goal would be to return to more functional lifestyle including work. Pain management: Up until recently was taking Norco 10/-325; methocarbamol 7-50 one-dally at bedtime and tramadol to daily at bedtime. On exam there is decreased lumbar range of

motion. The patient has a positive left straight leg raise and a negative right straight leg raise. There is a negative Faber, Gaenslen's, Stork and pelvic shift. Sensation revealed hypoesthesia left lateral leg, dorsal foot. Allodynia dorsal left foot and DTR (deep tendon reflexes) 2/4-Patella, 2/4 right Achilles, absent left. There is a normal gait. The treatment plan includes a referral for consultation regarding perspiration and functional-restoration program: Indicated based upon a desire to improve his functional capacity, having participated in requisite home based exercise program as provided by physical therapy, severe mood disorder that limits his ability to perceive an appropriate internal locus of control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (unknown frequency / duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program (Functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: Functional Restoration Program (FRP) (unknown frequency / duration) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request as written does not indicate whether this is for an evaluation for an FRP program. The guidelines state that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The guidelines also state that the patient should exhibit motivation to change. Furthermore, treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient has not had an evaluation. The request as written is not clear on what is being requested. Without further information a functional restoration program (unknown frequency / duration) is not medically necessary.