

Case Number:	CM14-0152831		
Date Assigned:	09/23/2014	Date of Injury:	08/09/2011
Decision Date:	10/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation, 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 injured worker is a 51-year-old patient had a date of injury on 8/9/2011. The mechanism of injury was lifting a box and transferring it from one palette to another when he noticed immediate low back pain. In a progress noted dated 8/2/2014, the patient complains of low back and bilateral lower extremity pain. He notes that physical therapy has had benefit and he has been going 2-3 times/week. He claims that topical ketoprofen cream has helped, and continues to have pain when getting up from sitting to standing position and has to do it slowly. He reports 4/10 on VAS pain scale with use of topical cream. On a physical exam dated 8/2/2014, lumbar spine has lumbosacral tenderness to palpation with painful and decreased range of motion. Motor strength is 5/5/ in bilateral lower extremities. The diagnostic impression shows lumbosacral sprain/strain, L4 lumbosacral radiculopathy, status post back surgery on 12/2/2013. Treatment to date includes medication therapy, behavioral modification, physical therapy, lumbar fusion anterior and posterior on 12/2/2013. A UR decision dated 9/8/2014 denied the request for functional restoration program evaluation, stating that there was no evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in clinical significant improvement. It was mentioned that physical therapy sessions had benefit, and that topical ketoprofen helped decrease pain. Furthermore, findings of a FCE and psychological evaluation are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, in the documentation provided, there was no clear discussion of failure of conservative treatment methods. In the 8/2/2014 progress note, the patient claims that physical therapy and topical ketoprofen cream has had benefit. He reports 4/10 on VAS pain scale with use of topical cream. Furthermore, there was no discussion regarding motivational/psychological factors, or whether there are an absence of other options likely to result in significant clinical improvement. Therefore, the request for Functional Restoration Program Evaluation is not medically necessary.