

Case Number:	CM14-0173952		
Date Assigned:	10/27/2014	Date of Injury:	12/26/2011
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine and is licensed to practice in Texas and 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:

This is a 42-year old male patient who sustained a work related injury on 12/26/11. The patient has history of fall on 2003. The current diagnoses include lumbar spine paraspinal muscle strain and lumbar spine annular fissure and disc bulge versus herniation nucleus pulposus. Per the doctor's note dated 8/11/14, patient has complaints of pain at 3-4/10. Per the doctor's note dated 9/15/14, patient has complaints of lower back pain. Physical examination revealed full lumbar range of motion, tenderness to palpation, able to heel and toe raise, ambulatory with a normal gait, negative straight leg raise, intact sensation, DTRs 2+ and equivocal bilaterally. The past medical history includes left Metatarsal Fractures 2nd and 5th. The current medication lists include Trazodone, Tizanidine, Naprosyn, Vicodin, Baclofen, Norco, Valium, Opana and Morphine. The patient has had MRI of Lumbar Spine on 4/21/2011 that revealed T12-L1-2, , L1-2 mm left dorsal disc protrusion with mild mass effect on the ventral thecal sac; MRI of the Lumbar Spine on 3/27/2012 that revealed 1-2 mm disc protrusions at T12-L1 and at L1-2 and small right foraminal L4-5 annular fissure and EMG/NCS 6/8/11 no evidence of peripheral neuropathy in the left leg nor lumbosacral radiculopathy. The patient's surgical history includes a cholecystectomy on September 10 2014; Left Metatarsal Fracture Repair; Lumbar Epidural and Lumbar Median Branch Block. He has urine drug screen on August 11, 2014 and 9/15/14 was found to be positive for Morphine and Hydromorphone. He underwent an inpatient substance abuse detoxification program from 6/9/14 to 7/9/14. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 27 hours per week for 6 weeks (quantity 162 hours):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are 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. In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(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; (6) Negative predictors of success above have been addressed. The criteria for chronic pain management program have not been met as per records provided. Per the doctor's note dated 9/15/14, physical examination revealed full lumbar range of motion, able to heel and toe raise, ambulatory with a normal gait, negative straight leg raise, intact sensation, DTRs 2+ and equivocal bilaterally. Any significant functional deficits that would require chronic pain management program was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A response to a complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. The patient has increased duration of pre-referral disability time more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. The request for Functional restoration program, 27 hours per week for 6 weeks (quantity 162 hours) is not medically necessary.