MAXIMUS Federal Services

Case Number:	CM14-0177087		
Date Assigned:	10/30/2014	Date of Injury:	09/08/2011
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine 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:

There were 87 pages provided for this review. The request was for functional restoration program. It was dated October 18, 2014. As of September 2, 2014, the patient complained of pain in the lumbar spine rated at seven out of 10 that was constant and sharp. There were increased spasms with walking or standing for too long. Motion and lack of motion, if they were prolonged, both caused spasms and numbness as well as tingling radiating down both legs. The patient also complained of twitching in the right leg. The patient had multiple agreed medical evaluations as well as a psych agreed medical evaluation. The patient was 6 feet tall and weighed 308 pounds. He had an upright posture even though he was using a cane. The gait was non-antalgic. Flexion was barely 30 out of 90 and extension was barely 5 out of 25. There was a positive heel walk but a negative toe walk. He is status post L4-L5 and L5-S1 bilateral laminectomies, L5-S1 neuroforaminal narrowing, L4-5 degenerative disc disease, L5-S1 5 mm disc protrusion, active L5-S1 radiculopathy, and chronic low back strain and anxiety and mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence. Clinical practice guidelines for chronic, non-malignant pain management syndrome patients II: and evidence-based approach. J. Back Musculoskeletal Rehabil 1999 Jan 1; 13: 47-58 (55 references). Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Re

Decision rationale: The MTUS gives a clear role to functional restoration programs such as in this claimant's case, but noting that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. It is not clear that conservative or surgical measures have been exhausted and ruled out, or that comorbidities which could affect success, such as obesity, have been addressed. At present, the request is medically necessary.