MAXIMUS Federal Services

Case Number:	CM14-0180564		
Date Assigned:	11/05/2014	Date of Injury:	04/14/2008
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 41 year old male who had a work injury dated 4/14/08. The diagnosis includes lumbar discopathy with lumbar spondylosis; right L5 radiculitis/radiculopathy; and umbilical hernia, status post repair, healed with residuals. Under consideration are requests for initial evaluation at the Functional Restoration Program and EMG (electromyography) of the bilateral lower extremities. On a 9/22/14 office visit it was noted that the patient has low back and bilateral lower extremity pain, numbness and tingling. The patient had a major depressive disorder and recommended treatment at a June 2014 psychology evaluation. The document stated that the patient has objective evidence of depression and anxiety which are likely interfering with orthopedic recovery. Currently, the patient is receiving some limited cognitive behavioral therapy, but still has not noted significant improvement in this regard. On examination the patient ambulates into the office without difficulty. There is a flattened lumbar lordosis along with spasms and guarding noted at the base of the lumbar spine, worse on the right than the left. Lumbar flexion is limited around 45 degrees; extension is limited to 10 degrees; and rotational and side to-side movements are limited to 10 degrees. There is a positive straight leg raise on the right at around 60 degrees, negative on the left. Reflexes are hyporeflexic but equal bilaterally at the patella and Achilles region. There is some trace weakness in EHL on the right-hand side, normal on the left-hand side, but otherwise5/5 strength in regard to dorsi and plantar flexion, leg flex1on-extension, and thigh flexion. The provider's request states that he does not feel the patient could reach maximum medical improvement without treatment in a multidisciplinary functional restoration program as discussed in the MTUS. The patient has had a prolonged period of physical therapy and has trialed cognitive behavioral therapy. He has had a long period of medication management, most recently with anti-inflammatory drugs, and wants

to avoid the use of narcotic medications. The patient cannot perform prolonged sitting and standing; he has preclusions from repetitive bending and twisting; and cannot lift more than 40 pounds. He has been relegated to being capable only of sedentary work by the most recent qualified medical evaluator; however, this is also in a setting where patient cannot tolerate prolonged sitting. The patient wants is to be able to return to some sort of labor so that he can earn a living for his family. The treatment plan also states that given the slight weakness on physical examination, electrodiagnostic studies should be completed of the lower extremities, which have not been completed previously. The patient will continue Protonix and Naproxen. He will be started on Venlafaxine for pain and also underlying depression/anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for a Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, (Functional Restoration Programs) Page(s): 30-34.

Decision rationale: Initial Evaluation for a Functional Restoration Program is not medically necessary, per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guidelines state that outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: An adequate and thorough evaluation has been made, including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. The documentation indicates that the providing physician is still recommending treatments, such as Venlafaxine, to help with pain and depression/anxiety. The guidelines require state that negative predictors of success in the program need to be addressed including high levels of psychosocial distress. The documentation does not indicate that negative predictors of success for a chronic pain program have been addressed completely as the medication has just begun. Additionally it is not clear that the patient has lost ability to function independently resulting from the chronic pain. Therefore, the request for an initial evaluation for a functional restoration program is not medically necessary.

EMG (electromyography) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: EMG (electromyography) of the bilateral lower extremities is not medically necessary, per the MTUS ACOEM Guidelines. The guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation indicates that the patient has weakness in the extensor hallicus longus muscle and that due to this weakness, electrodiagnostic studies should be performed. The documentation indicates that the patient is not a surgical candidate. The documentation indicates that the patient has had chronic lumbar spondylosis and an L5 radiculopathy which would explain the EHL muscle weakness. It is unclear how this test would change the management of this patient; therefore, this request is not medically necessary.