

Case Number:	CM14-0024365		
Date Assigned:	06/11/2014	Date of Injury:	05/02/2013
Decision Date:	08/05/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 underlying date of injury in this case is 05/02/2013. The mechanism of injury is that the patient lifted a portable stage and developed pain in his back. The patient has subsequently been treated for persistent low back pain radiating to his right foot intermittently. On 01/14/2014, the patient was seen in physical rehabilitation consultation regarding back pain. The patient's initial mechanism of injury was noted and that he had undergone an MRI of the lumbar spine on 06/07/2013 showing mild degenerative disc disease and lumbar stenosis at L4-5. He noted the patient's last work day, date of injury, was 05/02/2013. On exam the patient was tender to palpation of the quadratus lumborum with palpable trigger points along the lumbosacral region. The treating physician diagnosed the patient with lumbar spondylosis, lumbar stenosis, and right lower extremity sciatica. The consulting physiatrist reviewed the patient's treatment and overall concluded the patient was not a candidate for surgery or other invasive interventions had documented loss of functional ability and evidence of psychological consequences with anger, fear of injury, and maladaptive coping. This physician requested authorization for a multidisciplinary functional restoration program evaluation. An initial physician review of 02/05/2014 notes that there was mention of an MRI but no imaging reports were included, and notes that no orthopedic or surgical consultation was documented to determine whether surgical intervention would be appropriate. The physician noted there was no documentation to suggest that the patient's psychosocial stressors had been addressed. Overall, the reviewer felt that the prerequisites for a functional restoration program evaluation were not met. The underlying date of injury in this case is 05/02/2013. The mechanism of injury is that the patient lifted a portable stage and developed pain in his back. The patient has subsequently been treated for persistent low back pain radiating to his right foot intermittently. On 01/14/2014, the patient was seen in physical rehabilitation consultation regarding back pain. The patient's initial mechanism of

injury was noted and that he had undergone an MRI of the lumbar spine on 06/07/2013 showing mild degenerative disc disease and lumbar stenosis at L4-5. He noted the patient's last work day, date of injury, was 05/02/2013. On exam the patient was tender to palpation of the quadratus lumborum with palpable trigger points along the lumbosacral region. The treating physician diagnosed the patient with lumbar spondylosis, lumbar stenosis, and right lower extremity sciatica. The consulting physiatrist reviewed the patient's treatment and overall concluded the patient was not a candidate for surgery or other invasive interventions had documented loss of functional ability and evidence of psychological consequences with anger, fear of injury, and maladaptive coping. This physician requested authorization for a multidisciplinary functional restoration program evaluation. An initial physician review of 02/05/2014 notes that there was mention of an MRI but no imaging reports were included, and notes that no orthopedic or surgical consultation was documented to determine whether surgical intervention would be appropriate. The physician noted there was no documentation to suggest that the patient's psychosocial stressors had been addressed. Overall, the reviewer felt that the prerequisites for a functional restoration program evaluation were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION TO DETERMINE CANDIDACY FOR ENTRY TO FRP (FUNCTIONAL RESTORATION PROGRAM): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR FUNCTIONAL RESTORATION PROGRAM PARTICIPATION Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program/Functional Restoration Program Page(s): 32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on chronic pain program/functional restoration program, page 32, list detailed criteria for a functional restoration program, including evidence that all reasonable treatment options have been tried and that there are no barriers to recovery. In this case, this patient has a documented injury with resulting vocational disability and functional deficits for substantially longer than anticipated given the reported diagnosis. The consulting physiatrist has reviewed the patient's records in detail and documented a detailed history and physical examination and has reached the conclusion that a surgical consultation is not appropriate; this is within the domain of the treating physician. The treating physician needs to balance the possibility of additional traditional treatment versus the substantial risk of continued vocational disability given the time the patient has been out of work so far. In this situation, a functional restoration program evaluation in order to consider that treatment option is very specifically appropriate and supported by the treatment guidelines. Therefore the request is medically necessary.