

Case Number:	CM14-0024843		
Date Assigned:	06/11/2014	Date of Injury:	07/31/2009
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
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 & 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 56-year-old male with a reported date of injury on 07/31/2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain rated at 7/10 with medications. The lumbar MRI dated 08/21/2009 revealed degenerative disc changes of the lumbar spine, most prominent at the L4-5 level where disc bulging combines with facet joint hypertrophy were observed. Upon physical examination, the injured worker's lumbar spine range of motion revealed extension to 15 degrees, flexion to 50 degrees, bilateral bending to 15 degrees, and negative straight leg raise bilaterally. The clinical documentation indicated the injured worker had a lumbar epidural steroid injection in 2012, which provided him with 2 weeks of pain relief. The documentation indicated the injured worker previously participated in physical therapy, the results of which were not provided within the clinical information available for review. According to the clinical note dated 01/29/2014, the physician indicated the injured worker failed coping mechanisms and has not returned back to work due to chronic pain. The injured worker's diagnoses included lumbar disc displacement without myelopathy; pain in joint, pelvis & thigh; and degeneration of the lumbar spine. The injured worker's medication regimen included Neurontin, ketamine topical analgesic, Protonix, and nabumetone, and Norco. The request for authorization for physiotherapy interdisciplinary evaluation for functional restoration program was submitted on 02/19/2014. The rationale for the request provided by the physician stated that based on the clinical assessment the injured worker would be a good candidate for an evaluation at the multidisciplinary functional restoration program. The physician indicated that if the initial evaluation determined that the injured worker is a good candidate to participate in the full program, then a separate request will be placed for the full program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: 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 Functional Restoration Programs Page(s): 49.

Decision rationale: The California MTUS Guidelines state that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs were designed to use as a medically-directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational and musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. The clinical information provided for review lacks documentation of the injured worker's functional deficits and physical demand level required by current employment. There is a lack of documentation related to the goals for functional restoration. In addition, there is a lack of documentation related to previous physical therapy. The physician notes that the injured worker failed coping mechanisms and has not returned back to work due to the chronic pain. In addition, there is a lack of documentation related to psychological consult. Therefore, the request for physiotherapy interdisciplinary evaluation for functional restoration program is not medically necessary.