

Case Number:	CM14-0026064		
Date Assigned:	06/13/2014	Date of Injury:	04/26/2012
Decision Date:	11/24/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/28/2014

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 64 year old female who had a work injury dated 4/26/12. The diagnoses include myofascial pain syndrome; lumbosacral sprain/strain; lumbosacral radiculopathy and lumbosacral disc injury. Under consideration are requests for an initial evaluation for a functional restoration program. A 1/21/14 document from the patient's pain management physician states that she complains of increased pain and discomfort involving her low back pain radiating down to her right leg likely due to cold weather. On physical exam there is tenderness to palpation of the lumbar spine. Straight leg raise is positive in the sitting position in the right leg and decreased lumbosacral spine range of motion. Motor strength is 5/5. Lower extremity sensory exam showed decreased sensation to the right leg. The treatment plan states the patient is to continue to use Ultram 50 mg 1 tablet a day as needed for more severe pain, Mobic 7.5 mg 1 tablet a day as needed for inflammation and pain and Flexeril 10 mg 1 tablet at night as needed for muscle spasms. The patient denies any side effects from use of medicine. The patient was recommended to use medication Gralise to Titrate, the dose of 300 mg and to follow the instructions on sample package to 300 mg every few days. The patient still has lot of pain and discomfort, and hoping she can receive the recommended electro-acupuncture treatment will go through the IMR for review. As the patient is still in great deal of pain and discomfort there is a request for authorization for functional restoration program. The patient remains temporarily partially disabled. A 9/14/14 qualified medical review supplemental report states that the reviewing physician did discuss the option of a functional restoration program with the patient. The patient does not think that she is very depressed and she does not think that she would like to go through a functional restoration program. She currently reports that she is now off of all

medications and she is not interested in any functional restoration program. For these reasons, the physician reviewer did not think functional restoration program meets the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, page 114

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; & Negative predictors of success above have been addressed. The documentation does not indicate that the patient has a motivation to change or participate in a functional restoration program. The documentation indicates that the providing physician is still recommending treatments, such as electro acupuncture. The documentation does not indicate that negative predictors of success for a chronic pain program have been addressed. Therefore, the request for an initial evaluation for a functional restoration program is not medically necessary.