

Case Number:	CM14-0029730		
Date Assigned:	06/16/2014	Date of Injury:	10/03/2013
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pain 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:

This is a 30-year-old male patient with a date of injury on 10/03/2013. The injury was secondary to an industrial injury when the patient reports he slipped and fell onto the left side and now experiences low back and left hip/leg pain. The diagnoses include contusion of a hip, lumbar sprain, hip/thigh sprain, fall, and contusion of leg. The request for a functional restoration program was non-certified at utilization review on February 7, 2014, noting that these programs are recommended when there is an absence of other options likely to result in significant clinical improvement, which based on history and reporting does not appear to be the case for this patient. Electromyography (EMG)/nerve conduction study (NCS) performed on 01/08/14 revealed evidence of left L4 radiculopathy. The previous treatment has included 6 sessions of physical therapy and oral medications. It was noted the patient was offered an epidural steroid injection but initially declined. The current medications are not listed, but it appears the patient has been taking non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and Norco. The office note dated 05/30/14 noted the patient reporting subjective complaints of low back pain, left leg pain with numbness and lower abdominal pain. It was reported the patient underwent lumbar epidural injections, which provided no relief of his symptoms. Objective findings include diffuse tenderness across the lower lumbar spine with minimal spasm. There was minimal tenderness to the sciatic notch bilaterally. Lumbar range of motion was limited. Motor strength was reduced at 4+/5 to all motor groups in the left lower extremity with discomfort. Reflexes were 2+ throughout. Straight leg raise test was negative bilaterally. Abdominal examination was within normal limits. Reference to MRI (magnetic resonance imaging) of the lumbar spine performed on 05/01/14 indicated L4-5 broad disc protrusion compresses the short pedicles results in mild spinal canal stenosis. The neural foramina appear patent. L5-S1 level, disc bulge containing a presumed dynamic fissure that effaces the anterior epidural

fat, but does not displace the neural elements. Short pedicles slightly encroach upon the neural foramina.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) 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 Functional Restoration Programs (FRPs) Page(s): 30-34.

Decision rationale: Per CA MTUS guidelines, Functional Restoration Programs (FRP) emphasizes the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. In this case, the patient demonstrates loss of function. However, it does not appear that the patient has failed all conservative treatment options, including behavioral/psychological treatment. The patient has completed physical therapy and epidural steroid injections without significant benefit, although other conservative treatment does not appear to have been attempted at this point. Additionally, consideration for a functional restoration program requires that a functional restoration program multidisciplinary evaluation be performed to determine if the patient is a candidate for the program. The documentation does not contain this evaluation report. Specific vocational goals are not identified, motivation for treatment from the patient's perspective was not identified, nor is there any description of failed attempts to return to work. There is no description of failure of pharmacological management. It appears the patient has tried non-steroidal anti-inflammatories, opiates, and muscle relaxants, but there is no documentation of failure of adjuvant neuropathic agents such as antidepressants in the tricyclic or norepinephrine reuptake inhibitor (SNRI) category or anticonvulsants/anti-epileptics drugs. Therefore, the request for one functional restoration program (unspecified duration) is not medically necessary and is non-certified.