

Case Number:	CM14-0033184		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2013
Decision Date:	12/17/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 injured worker is a 43-year-old male, with a reported date of injury of 02/06/2013. The mechanism of injury was a fall twenty-four feet from the top a rollercoaster, and landed on his left side. The injured worker immediately felt pain in his head, left elbow, and left hip. The result of injury was contusions around the rib, left hip, and elbow. Two weeks after the fall, the injured worker developed shooting pains down his legs. The current diagnosis includes L4-L5 and L5-S1 disc bulges. The past diagnoses include probable L4-L5, L5-S1 degenerative disc protrusion, left elbow contusion and rib contusions, and mild reactive depression. The treatment plan includes Norco, Terocin for the lumbar spine, Effexor, Neurontin 600mg, Norco 10/325 mg twice a day, Orudis 50mg twice a day, Protonix 20mg. He received physical therapy, twice a week for two months, but experienced only short term relief of his low back symptoms. On 08/16/2013, the injured worker received right L5 and S1 transforaminal epidural steroid injections under fluoroscopic guidance and right L5 and S1 diagnostic epidurograms. The epidurograms showed no evidence of epidural adhesion. The medical report dated 08/30/2013 indicated that the epidural injection relieved about 25% of his pre-injection back and leg pain. An MRI on 06/28/2013 showed L4-L5 degenerative disc bulge, mild L4 foraminal narrowing, a large right L5-S1 disc bulge, with facet arthropathy and moderate L5 foraminal narrowing. The progress report dated 02/06/2014 stated that the injured worker started the functional restoration pain program on 10/31/2013, and completed it on 02/06/2014. His low level pain rated a 2, and the high level rated an 8. His bilateral straight leg raising was at 85 degrees and without pain; he is able to carry 25 pounds for 50 feet; his sitting, standing, and driving has improved to 45 minutes; his functional stabilization level has improved to mid-stable level 2; and he has reduced his Norco from 4 tablets a day to 3 tablets a day. The treating physician indicated that the injured worker has made outstanding progress toward his long-term goal, and with an additional

4 weeks of the program, it is anticipated that he will be able to return to work, and will have reached maximum medical improvement. On 03/13/2014, Utilization Review (UR) denied the request for outpatient functional restoration program (FRP) times two (2) weeks for the lumbar spine. The UR physician noted that the injured worker has exceeded the amount of functional restoration generally accepted to be effective. The UR physician indicated that more has diminishing returns and it was not clear why the person would not be independent after six weeks of the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Restoration Program (FRP) times 2 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse: chronic, non-malignant pain, treatment intensity and on the Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition California MTUS guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: The injured worker is a 43-year-old male, with a reported date of injury of 02/06/2013. The current diagnosis includes L4-L5 and L5-S1 disc bulges. The past diagnoses include probable L4-L5, L5-S1 degenerative disc protrusion, left elbow contusion and rib contusions, and mild reactive depression. Conservative care has included medications, physical therapy, LESI (lumbar epidural steroid injection), and modified activities/rest. The patient underwent functional restoration pain program on 10/31/2013, and completed it on 02/06/2014 with noted decreased VAS (visual analog scale) level from 8 to 2/10, increased lifting capacity, but only for 45 minutes with decreased Norco use of 4 to 3 tablets, improvement are not long lasting nor has the patient returned to any form of work. Report of 10/20/14 from the provider noted the patient stating "the two Norco provide no pain relief at all." There is no actual established return to work as he has interest in another form of career. Pain was again rated at 8/10 with unchanged clinical findings of limited range, positive SLR (straight leg raise) and diagnoses of lumbar L4-S1 disc bulges. The patient remained P&S (permanent and stationary) with work limitations of 5 pounds limited bending, alternating sitting and standing every 1 hour. Guidelines criteria to continue a functional restoration program beyond 20 sessions requires clear rationale and functional improvement from treatment rendered. It states "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." Overall, per the submitted assessment, the patient has unchanged or decreased in ADL (activities of daily living) functions and shown no change with actual decrease with physical ability in lifting, carrying, pushing and pulling. There is no documented increase in physical activities and independence, or functional improvement with the treatments already completed as noted by the

provider to indicate or support further additional FRP treatment. The Outpatient Functional Restoration Program (FRP) times 2 weeks for the lumbar spine is not medically necessary and appropriate.