

Case Number:	CM14-0036255		
Date Assigned:	06/25/2014	Date of Injury:	02/03/2012
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Minnesota. 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 54-year-old female who reported an injury on 02/03/2012, with a mechanism of injury that was developed from moving patients. On 05/22/2014, the injured worker presented with back pain. The pain radiated down to the bilateral legs and was associated with symptoms of numbness and tingling with weakness. Prior therapy included acupuncture medications. The injured worker is able to tolerate sitting for 10 to 20 minutes and standing for 5 to 10 minutes, and walking for longer than 25 minutes. The injured worker is able to bathe and dress himself, but has some difficulty cleaning, cooking, and driving. Upon examination, there was tenderness to palpation in the peritrochanteric region bilaterally, and trigger points palpated in the gluteus medius, quadratus lumborum, lumbar region, and lumbosacral region bilaterally. The lumbar spine range of motion values were 80 degrees of forward flexion, 5 degrees of extension, 10 degrees of left lateral bending, 10 degrees of right lateral bending, 5 degrees of rotation to the left, and 20 degrees of rotation to the right. There were paresthesias to light touch noted in the right lateral leg. The provider recommended a functional restoration program for 10 days. The provider stated that the injured worker had failed surgery and traditional therapeutic treatments and experiences chronic reoccurring and persistent disabling musculoskeletal conditions which would benefit from a medically directed, interdisciplinary team approach to maximize function, optimize pain medication usage, and expedite MMI status and case resolution. There was a Functional Capacity Evaluation done on 04/09/2014. The treatment recommendations included 12 to 24 visits of physical therapy or functional restoration, functional performance goals were to increase physical demand level through functional strengthening, improve all functional deficits through engaging in functional activities, improve symptom management through appropriate patient or injured worker's education and self care and proper body mechanic training as it relates to work related activities,

and establish consistent objective capabilities. The request for authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restorative Program for 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Section Page(s): 31-32.

Decision rationale: The request for a functional restorative program for 10 days is non-certified. The California MTUS Guidelines recommend a functional restoration program where there is access to programs with proven successful outcomes, for injured workers with conditions that put them at risk of delayed recovery. The injured worker must have had an adequate and thorough evaluation, including baseline functional testing to note functional improvement with followup testing, previous methods of treating chronic pain have been unsuccessful and there is absence of other options likely to result in a significant clinical improvement. The injured worker must have had significant loss of mobility to function independently resulting from chronic pain, and the injured worker is not a candidate where surgery or other treatments would be clearly warranted. The injured worker must exhibit motivation to change and be willing to forgo secondary gains including disability payments to affect this change, negative predictors of success should have also been addressed. The included documentation states that the injured worker has done acupuncture therapy with 60% to 80% relief and medications provide 40% to 60% relief. The guidelines state that previous methods of treating chronic pain should have been unsuccessful. There is no documentation that the injured worker has previously undergone physical therapy treatments. Additionally, there were no diagnostic procedures to rule out treatable pathology to include imaging studies and invasive injections used for diagnosis prior to considering the injured worker for a functional restoration program. There is also lack of psychological testing used to validate unidentified pertinent areas that need to be addressed in the program. As such, the request is not medically necessary.