MAXIMUS Federal Services

Case Number:	CM14-0040035		
Date Assigned:	04/09/2014	Date of Injury:	09/06/2012
Decision Date:	05/07/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/05/2014

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 49-year-old male who was injured on September 6, 2012. The patient continued to experience low back pain and bilateral lower extremity pain. Physical examination was notable for spasm and guarding of the lumbar spine with positive right straight leg raise. An MRI of the lumbar spine, done in January 2012 showed large right L5-S1 disc extrusion. Bilateral lower extremity electromyography was normal. Diagnoses included sciatica, lumbar disc displacement without myelopathy and right S1 and left L5 radiculopathy. Treatment included chiropractic therapy, nerve blocks, physical therapy, exercise, acupuncture, cognitive behavioral therapy, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INITIAL EVALUATION AT [redacted] FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: The Expert Reviewer's decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are interdisciplinary pain programs and emphasize 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. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. It may be an option for patients who have not had success with previous methods of treating chronic pain and there is an absence of other options likely to result in significant clinical improvement. In this case the patient was receiving cognitive behavioral therapy and had not completed the course of therapy. At this time there are other treatment options that the patient has not completed. Criteria have not been met. The request is not authorized.