MAXIMUS Federal Services

Case Number:	CM14-0045365		
Date Assigned:	07/02/2014	Date of Injury:	12/09/2012
Decision Date:	08/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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:

The patient is a 41-year-old female who has submitted a claim for lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain, myofascial pain syndrome, and left knee sprain/strain associated with an industrial injury date of December 9, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain and bilateral lower extremity pain. Physical examination revealed tenderness over the lumbar spine and lumbosacral area. Active ranges of motion were stiff and painful. Lumbar flexion was 50/90 degrees and extension was 20/30 degrees. Straight leg raise test was positive on the left. There was decreased sensation in the left lower extremity compared to the right lower extremity. Motor strength was slightly decreased on the left side. Left knee tenderness was noted with painful range of motion. MRI of the left knee dated 3/15/13, revealed mild patellofemoral arthritis. MRI of the lumbar spine dated 2/18/13, revealed evidence of moderate lumbar degenerative disc disease at L5-S1, L4-L5 levels. Treatment to date has included physical therapy, a home exercise program, TENS unit, acupuncture, two lumbar epidural steroid injections, and medications, which include Ultram, Meloxicam 15mg, LidoPro ointment, Ketoprofen cream, Gabapentin 300mg, Mobic 7.5mg, Lyrica 75mg, and Flexeril 10mg. Utilization review from March 10, 2014 denied the request for Functional Restoration Program Evaluation at [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restorative Program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Restoration Program.

Decision rationale: According to pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, a functional restoration program evaluation was requested to help the patient cope, adjust and adapt with her chronic pain condition. The medical records did not provide an adequate and thorough evaluation of the chronic pain, and baseline functional testing was also not performed. There was mention of failure of conservative treatment however review of records show that acupuncture has been helpful in the past, providing pain reduction and allowing better function. Reports also stated that intake of medications including Gabapentin 300mg twice daily, Mobic 7.5mg twice daily, Flexeril 10mg prn, and application of LidoPro ointment have allowed 50% pain reduction. The records also failed to show any evidence of inability to function independently. Furthermore, negative predictors of success were not addressed. The guideline criteria have not been met. Therefore, the request for Functional Restorative Program evaluation is not medically necessary.