MAXIMUS Federal Services

Case Number:	CM14-0046022		
Date Assigned:	07/02/2014	Date of Injury:	12/06/2011
Decision Date:	08/26/2014	UR Denial Date:	03/17/2014
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 48-year-old male who has submitted a claim for L3-4, L4-5, and L5-S1 Disc Protrusions with Stenosis; Facet Syndrome at L3-4, L4-5, and L5-S1; Radiculopathy/Radiculitis; and C4-5 and C6-7 Disc Protrusions Causing Radiculopathy associated with an industrial injury date of December 6, 2011.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant severe low back and neck pain. On physical examination of the cervical spine, there was tenderness noted. Cervical range of motion was limited due to pain. No motor deficits were reported but sensation was slightly diminished in both hands. Deep tendon reflexes were normal and symmetrical. Spurling's test was positive. Lumbar spine examination revealed tenderness around the L4-5 area, left greater than the right. Range of motion was restricted. Sensorimotor deficits were noted on both lower extremities. Straight leg raise test was positive bilaterally. Deep tendon reflexes were normal and symmetrical on the knees and ankles. Treatment to date has included medications, physical therapy, chiropractic care, cervical epidural steroid injection, lumbar medial branch blocks, and group psychotherapy for insomnia. Utilization review from March 17, 2014 denied the request for 1 Functional Restoration Program. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

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, the records did not provide an adequate and thorough baseline functional testing. There was also no discussion regarding failure of previous management. The records also did not reflect that the patient had significant loss of ability to function independently. Furthermore, recent records showed that the patient is a candidate for spine surgery. Moreover, negative predictors of success were not addressed. The criteria were not met. Therefore, the request for 1 Functional Restoration Program is not medically necessary.