

Case Number:	CM14-0053676		
Date Assigned:	07/07/2014	Date of Injury:	01/31/2011
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 59-year-old male with a 1/31/13 date of injury, when he slipped and fell injuring his low back, neck and lower extremities. The patient was seen on 11/14/13 with complains of pain in the low back and left shoulder. The exam findings on the lower extremities revealed 5/5 in muscle strength in all muscle groups bilaterally with normal sensation and negative straight leg raising test bilaterally. The patient was seen on 3/6/14 with complains of limited range of motion in the lumbar spine. Though, the physical examination was not performed. It was noted, that the patient will return to work with modifications on 3/10/14 and that he continued to improve the pain and range of motion with chiropractic treatment. The patient was seen on 6/12/14 with complaints of persistent and increasing stiffness in the left shoulder. He also complained of continued pain and stiffness in the lumbar spine radiating into both hips and legs with numbness, tingling and weakness to the lower extremities. The exam findings of the lumbar spine were unchanged from the last visit. The request for diagnostic video arthroscopy of the left shoulder with subacromial decompression, acromioplasty, debridement, intra-articular surgery, possible Mumford procedure and mini open repair of the rotator cuff was noted. The diagnosis is lumbosacral sprain, left shoulder sprain/strain and spondylolisthesis. The MRI of the lumbar spine dated 5/3/13 revealed: 5 mm of anterolisthesis of L4-L5 and marked bilateral arthropathy. Treatment to date: acupuncture, work restrictions, 23 chiropractic treatments and medications. An adverse determination was received on 4/4/14. The request for Functional Restoration Program (FRP) 2xwk x 6wks Lumbar Spine was denied due to a lack of documentation indicating the patient's psychological evaluation was performed and it was not clear whether there was any return to work goal in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 2xwk x 6wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation. The previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement such as; the significant loss of ability to function independently. The patient is not a candidate where surgery or other treatments would clearly be warranted. The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change, and that negative predictors of success above have been addressed. The MRI report of the lumbar spine dated 5/3/13 revealed 5 mm of anterolisthesis of L4-L5 and marked bilateral arthropathy left greater than right. There is no surgical evaluation declaring that the patient is not a surgical candidate with regards to the lumbar spine. In addition, the note dated 6/12/14 indicated that the patient was a surgical candidate for the left shoulder surgery. It is not clear, why the patient needs the FRP at this point, given that the surgery was requested. Therefore, the request for Functional Restoration Program 2xwk x 6wks Lumbar Spine was not medically necessary.