

Case Number:	CM14-0055902		
Date Assigned:	07/09/2014	Date of Injury:	06/28/2011
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 49-year-old male who reported falling while descending some steps on 06/28/2011. He reported injuring his low back and left knee. On 06/23/2014, he complained of low back pain radiating into his lower extremities with associated numbness and tingling. His diagnoses included pain in the joint of the lower leg, lumbar disc displacement without myelopathy, sciatica, and disorders of the sacrum. On 04/17/2013, he underwent an arthroscopic patellar chondroplasty of the left knee. On 03/04/2014, a magnetic resonance imaging (MRI) of the left knee revealed prior arthroscopic surgery, a grade 2 chondral fissure on the patellar apex, and no evidence of meniscal or ligamentous injury. A lumbar spine x-ray of 05/16/2012 revealed multilevel disc degeneration at L3-4, L4-5, and L5-S1. There were underlying mild spondylitic changes but no evidence of spinal instability. On 03/31/2014, an examination of the left knee revealed tenderness to palpation over the joint space posteriorly. There was decreased range of motion with flexion at 90 degrees. An examination of the right knee revealed non-tenderness to palpation, no erythema, swelling, or warmth. Flexion of the right knee was decreased by 20%. Examination of the lumbar spine revealed tenderness to palpation at the right lumbosacral junction with associated muscle tension. Axial loading of the lumbar facet joints was positive for pain. Sensations were intact to light touch at the bilateral lower extremities. It was noted that he had had physical therapy for his back without significant change. On 06/23/2014, his medications included Naproxen 550 mg and Pantoprazole 20 mg. He had been taking Tramadol, which was discontinued and he was begun on a trial of Hydrocodone/APAP 2.5/325mg. On 03/18/2014, it was noted that he reported that his medications did help to reduce his pain and allow for greater function. It was noted that the injured worker's gait was grossly normal and non-antalgic and he ambulated without any assistance. He underwent a series of 5

viscosupplementation injections for his left knee with no significant improvement. The rationale for the request was stated that this injured worker had failed conservative treatment and remained symptomatic despite having had left knee surgery. It further stated that he required a multidisciplinary program in order to treat his complex pain. It further mentioned that he also had concurrent depressive symptoms that further complicated his pain. Thus the request for an initial evaluation for a functional restoration program. A request for authorization dated 03/21/2014 was included in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM AT [REDACTED] FRP PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT PROGRAMS/FUNCTIONAL RESTORATION PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) and Chronic pain programs (functional restoration programs) Page(s): 30-32, 49.

Decision rationale: The request for initial evaluation for functional restoration program (at [REDACTED] FRP program) is not medically necessary. According to the California MTUS Guidelines, outpatient pain rehabilitation programs may be supported when documentation shows that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options, such as surgery or other treatments, likely to result in significant clinical improvement; there is a significant loss of ability to function independently resulting from the chronic pain; the patient exhibits motivation to change; and negative predictors of have been addressed. The clinical information submitted for review indicated that the injured worker has been treated with initially recommended conservative treatment and surgery, but remains symptomatic. However, he had only minor range of motion deficits in the bilateral knees and normal motor strength on physical exam. The documentation also stated that he obtained increased function with use of his non-opioid pain medications. In the absence of documentation showing evidence of significant functional deficits, a functional restoration program is not supported. Additionally, the injured worker's injury occurred more than 3 years ago, and the duration of pre-referral disability time represents a negative predictor of success, according to the guidelines, which should be addressed prior to consideration for the requested program. Based on the absence of documentation showing a significant loss of ability to function independently resulting from the chronic pain, and as negative predictors of success has not been addressed, the request is not supported. As such, this request for initial evaluation for functional restoration program (at [REDACTED] FRP program) is not medically necessary.