

Case Number:	CM14-0062014		
Date Assigned:	07/09/2014	Date of Injury:	12/02/2013
Decision Date:	09/12/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopedic Surgeon 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 injured worker is a 36-year-old male with a reported date of injury on 12/02/2013. The mechanism of injury was noted to be a motor vehicle accident. His diagnoses were noted to include right acetabular labrum tear, pubic symphysis diastasis, mechanical low back pain, and abdominal wall sprain/strain. His previous treatments were noted to include medications, physical therapy, home exercise program, sacroiliac belt, and work modification. The progress note dated 02/11/2014 revealed the injured worker reported he did not feel any better, and complained of moderate pain in the lower abdomen and pubic area with mild to moderate pain in the left and right groin areas, and in the low back and right wrist. The injured worker indicated he had not been on light duty, as no light duty written was available. The physical examination revealed tenderness over the pubic symphysis bone, and also for the adductor muscles on the left and right sides. There were mild lumbar spasms of the left and right sacroiliac joint, tenderness with full range of motion to the lumbar back. The left hand and wrist showed tenderness to the mid wrist area and no swelling with tense 70% flexion of the wrist, and full range of motion of the fingers and thumb. The injured worker was noted to have full range of motion to the lumbosacral spine, fingers and thumb. The progress note dated 03/04/2014 revealed the injured worker complained of groin pain that occurred to the lower abdominal region, and upper pelvic pain. The injured worker complained of pressure and soreness, and the pain was located in the upper pelvic and lower abdominal region, which was sharp in character. The injured worker has found his average pain level without his hernia belt was 9/10 in severity. The injured worker found with the use of medications his pain level 4/10 to 5/10 in severity. The injured worker complained of back pain that stretched across his upper back and caused tightness. He described the pain as sharp in character, and found he was rarely pain free, and only pain free if he was completely immobilized. Without medications the injured worker reported his pain as 10/10 in

severity. The physical examination revealed his gait was slow, unguarded, and light touch sensation was intact to the bilateral lower extremities. He had slightly limited range of motion to his hip on both the right and left side. His back range of motion was revealed as forward flexion was to 90 degrees, extension was to 0 degrees, right and left side tilting was to 30 degrees. The lower extremity range of motion was within functional limits. The lower extremity strength was rated 5/5 on the left lower extremity and 4/5 on the hip and right lower extremity. There was a 2/4 reflex at his knee and 2/4 reflex at his ankles. The Faber test of the right was very limited due to pain in the pubic symphysis. The Faber test in the left showed moderate limitation secondary to pain in the pubic symphysis. The straight leg raise in the right showed slight right groin pain at 85 to 90 degrees and the left no pain. He had moderate tenderness to palpation in the bilateral right and left sacroiliac joint region. The testing revealed the injured worker was at no risk for alcohol/prescription drug misuse and testing showed he may need depression treatment based on the duration of symptoms and functional impairment. The progress note dated 04/02/2014 was for the [REDACTED] evaluation to improve his overall function to the point where he can return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs, Chronic Pain Programs Page(s): 49, pages 31-32..

Decision rationale: The request for the [REDACTED] program evaluation is not medically necessary. The injured worker was noted to have decreased range of motion to the lumbar spine and decreased strength to the hip, and functionality was impaired due to depressive symptoms. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs, a type of treatment included in the category of interdisciplinary pain programs, were designed to use a medically directed, interdisciplinary pain management approached geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. The guidelines' criteria for the general use of multidisciplinary pain management programs are an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same tests can note functional improvement, previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, the patient has a significant loss of ability to function independently resulting from the chronic pain, 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 forego secondary gains including disability payments to affect this change, and negative predictors of success have been

addressed. There is a lack of documentation that the injured worker has a significant loss of ability to function independently and has received only 6 initial visits of physical therapy. There is a lack of documentation regarding the injured worker being willing to forego secondary gains, including disability payments. The documentation provided indicated that in terms of activities of daily living, the injured worker indicated that no assistance was needed for grooming, but some assistance was needed for bathing, dressing and childcare, and indicated he was unable to do home duties without help. Due to the lack of documentation of an absence of other options likely to result in significant clinical improvement, and the injured worker having not exhibited motivation to change and was willing to forego secondary gains, the [REDACTED] program evaluation is not appropriate at this time. Therefore, the request is not medically necessary.