

Case Number:	CM14-0062681		
Date Assigned:	07/11/2014	Date of Injury:	09/22/2012
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/05/2014

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 51-year-old male who has submitted a claim for lumbar spondylosis, lumbago, lumbar stenosis, and lumbosacral spine radiculopathy associated with an industrial injury date of September 22, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, rated 8/10 in severity. The pain radiates on both legs. It was aching, stabbing and sharp and was associated with numbness and weakness. Physical examination showed restricted range of motion of the lumbar spine due to pain. Tenderness was noted over the back. There was positive straight leg raise test bilaterally. Motor strength was 4/5 on the ankle dorsiflexors and evertors. Sensation was intact. MRI of the lumbar spine, dated July 3, 2013, revealed mild broad-based disc bulges at L3-L4, L4-L5 and L5-S1 with mild spondylosis and developmentally narrowed spinal canal, some crowding of central canal nerve roots and cauda equina, no prominent central canal stenosis, and minimal CSF at the disc levels. Treatment to date has included medications, physical therapy, chiropractic care, activity modification, and lumbar epidural steroid injections. Utilization review, dated April 30, 2014, denied the request for FRP evaluation because the documentation did not establish that the patient tried and failed all other conservative treatment option and all diagnostic procedures necessary to rule out treatable pathology including imaging studies and invasive injections for diagnosis did not appear to have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration program) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) 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 was requested because he has been unable to return to work. However, 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 also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records also did not show evidence of inability to function independently. Furthermore, a progress report dated June 20, 2014 show that it was not yet determined if he is a surgical candidate or not. The guideline criteria have not been met. Therefore, the request for FRP Evaluation is not medically necessary.