

Case Number:	CM14-0064060		
Date Assigned:	07/11/2014	Date of Injury:	06/10/2013
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 female who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of June 10, 2013. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 6-9/10 in severity. The pain radiates down to the posterior aspect of the left leg to the sole. The low back pain was sharp and burning in character. Physical examination showed tenderness in the lumbar paravertebral muscles on the left, and the left sciatic notch along the course of the sciatic nerve of the posterior left thigh. There was limited range of motion of the lumbosacral spine due to pain. Motor strength was intact. There was decreased light touch sensation in her left leg. Reflexes were 2/4 on the lower extremities except the left ankle which is 0/4. Straight leg raise test was positive for low back and left buttock pain. MRI of the lumbar spine, dated November 2, 2013, revealed degenerative changes in the lumbar spine and mild levoscoliosis; mild narrowing of both lateral recesses, moderate neural foraminal narrowing, and mild right neural foraminal narrowing at the L5-S1 level, and a 3mm concentric bulge contact the exiting left L5 nerve root in the left neural foramen; mild spinal canal stenosis, severe narrowing of the left lateral recess, moderate narrowing of the right lateral recess, and mild bilateral neural foraminal narrowing at the L4-L5 level, where there is a 4mm concentric bulge with predominantly left paracentral component that causes mass effect; mild chronic anterior wedging of the L1 and L2 vertebral bodies with 10% loss of height; and moderate fatty atrophy of the paraspinal muscles in the lumbosacral region. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and lumbar epidural steroid injection Utilization review, dated April 15, 2014, denied the request for [REDACTED] evaluation qty: 1.00 because there was no documentation of previous methods of treating chronic pain to be unsuccessful and absence of other options that would result to improvement, there was no evidence that the patient has lost

the ability to function independently, and the patient is also an appropriate candidate for additional physical therapy and possible cognitive behavioral therapy. An appeal letter dated April 25, 2014 state that she continues to experience ongoing pain and limited functionality despite previous conservative treatment, she is not a surgical candidate, and she has a desire to be rehabilitated and is motivated to pursue her functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■ evaluation QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, 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: As stated on page 32 of the California MTUS chronic pain medical treatment guidelines, chronic pain programs may be used given that 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 for surgery; the patient exhibits motivation to change and is willing to forgo secondary gains; and negative predictors have been addressed. In this case, the patient has persistent low back pain radiating to her left lower extremity despite different forms of conservative treatment. An appeal letter dated April 25, 2014 state that the patient was not a candidate for surgery, has a desire to be rehabilitated, and is motivated to pursue her functional restoration program. The patient was requested to undergo the ■■■■ functional restoration program because the previous epidural steroid injection gave her no relief of pain. However, recent progress report dated May 12, 2014 states that the patient would like the lumbar epidural steroid injection repeated. Furthermore, there was also no evidence of significant loss of ability of the patient to function independently. The patient does not fulfill the criteria for functional restoration program. Therefore, the request for ■■■■ evaluation QTY:1 is not medically necessary.