

Case Number:	CM14-0064281		
Date Assigned:	07/11/2014	Date of Injury:	08/06/2010
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/07/2014

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 and Rehabilitation, 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 male patient with a date of injury of August 6, 2010. A utilization review determination dated April 18, 2014 recommends non-certification of a functional restorative program. A progress note dated eight April 9, 2014 identifies subjective complaints of lower back pain and right sciatica. Patient reports that his pain level is 8/10 of the lower back and right lower extremity. The patient reports paresthesias, numbness, and tingling in the right lower extremity. He is able to walk, sit, and stand for only 10 - 15 minutes, the patient has difficulty walking stairs, periodically uses a cane to ambulate, has difficulty driving due to the prolonged sitting and numbness in the right lower extremity, and the patient reports depression secondary to his chronic pain, disability, loss of his job, and inability to provide for his family. Physical examination of the lumbar spine identifies range of motion with flexion at 50, extension at 15, lateral right rotation at 20, and lateral left rotation at 25. There is tenderness to palpation over the L 4 - 5 and L5 - S1 paraspinal muscles, right sacroiliac joint, right sciatic notch, and right greater trochanter. The patient ambulates with a normal gait pattern, is able to heel and toe walk, has a positive straight leg raise at 50 on the right, muscle testing of the lower extremities is 5/5, and there is diminished sensation in the right L 4 - 5 and A1 5 - S1 dermatomes. Diagnoses included lumbar degenerative disc disease, lumbar radiculopathy, right sciatica, and sacroilitis. The treatment plan recommends gabapentin 300 mg b.i.d., functional restoration program, continuation of home exercise program although the patient admits to not consistently performing his home program, and recommend use of ice and heat PRN. A progress note dated April 8, 2014 identifies a recommendation by the QME physician suggesting that the patient is a surgical candidate as related to the lumbar spine; however the patient is not interested in a lumbar surgery. The treatment plan recommends a one-day MDE consultation with the

functional restoration team to determine whether or not the patient is an appropriate candidate for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restorative program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 of 127.

Decision rationale: Regarding the request for a functional restorative program, California MTUS supports chronic pain programs/functional restoration programs when: 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 forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding negative predictors of success. In light of the above issues, the currently requested functional restorative program is not medically necessary.