

Case Number:	CM14-0070131		
Date Assigned:	07/14/2014	Date of Injury:	01/21/2004
Decision Date:	09/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 60-year-old male with a 12/31/04 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/28/14, the patient continued to do poorly as all treatment continue to be denied. He complained of severe pain which he rated as intolerable in his neck, mid and lower back with radiation to the lower extremities. He rated his pain a 8-9/10 without medications and a 6-7/10 with medications. According to a psychiatric note dated 1/14/14, the patient stated that he tends to lie down throughout most of the day because it is just easier on his back. He also stated that there has been no overt change that he feels he can make that has improved his current state. A 2/24/14 neuro-surgical report stated that the provider is recommending that the patient undergo anterior cervical discectomy and fusion from C4-C7 as well as bilateral lumbar foraminotomy at L5-S1. Objective findings: tenderness as well as spasm in the lower back, decreased sensation in the lower extremity in the L5 dermatome, deep tendon reflexes diminished bilaterally at the Achilles. Diagnostic impression: cervical radiculitis, lumbar radiculitis, post lumbar spine fusion at L4-5, cervical disc displacement, depression secondary to chronic pain, chronic pain. Treatment to date: medication management, activity moderation, physical therapy, surgery, ESI. A UR decision dated 4/22/14 denied the request for functional restoration program evaluation. The patient has numerous negative predictors of completion of these programs, including long duration of pre-referral disability time, high amounts of opioid use, very high pain levels, and there is no indication that the patient intends to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. The patient has been diagnosed with depression and is currently undergoing psychotherapy. There is no discussion explaining how the patient's psychological issues would be managed to justify a functional restoration program. In addition, it is documented that a neurosurgeon has recommended anterior cervical discectomy and fusion surgery and lumbar foraminotomy surgery for the patient. Guidelines do not support a functional restoration program in patients who are candidates for surgery. Furthermore, there is no documentation in the reports reviewed that the patient is intending to or motivated to return to work. Therefore, the request for Functional Restoration Program Evaluation is not medically necessary.