

Case Number:	CM14-0070210		
Date Assigned:	07/14/2014	Date of Injury:	04/02/2001
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
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 Physical Medicine & Rehabilitation 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 40 year old male with a date of injury of April 7, 2001 in which he fell off scaffolding at 5 feet injuring his right knee and lower back. He has history of surgery to the right knee in June 2001 and a motor vehicle accident which exacerbated his previous lower back pathology on February 23, 2005. On March 18, 2014 the injured worker presented with complaints of right knee and low back pain which he rated to be at 6-7 out of 10 on the pain scale. The pain radiates to his buttocks with numbness and tingling sensation in his low back area. His pain is being addressed by home exercise at a daily basis and utilization of Norco which he takes 4-5 pills a day. He reported that his medications have been helpful by providing him 40%-50% of pain reduction and by allowing him to be functional. An examination of the lumbar spine revealed limited range of motion in all planes due to pain. Muscle strength in the right hip flexion, knee flexion, ankle dorsiflexion and great toe extension was at 4+/5. Sensation to pinprick in the right medial thigh and right lateral calf was decreased. Tightness was noted over his hamstrings. Examination of the right knee revealed tenderness along the medial joint line. A urine drug screening was made and result was consistent with the use of Norco. He was to follow up in four weeks. This is a review for the requested 160 hours at the Asclepius functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours at the [REDACTED] Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009). Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs).

Decision rationale: The medical records submitted have indicated the medically necessity of the requested medical treatment. Based on the assessment and evaluation document provided dated March 18, 2014 it was stated that the injured worker is motivated to get better and a have a productive life. It also indicated that the injured worker after his injury has tried to return to work on multiple occasions but was unable to remain employable due to his chronic low back pain. It can also be seen in the medical records that the prerequisites for a functional evaluation was already performed in the injured worker in the form of workers' compensation assessment and psychological evaluation. Evidence-based guideline states that functional restoration programs are recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for injured workers with conditions that have resulted in "Delayed recovery." There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the injured worker's pain. Injured workers should show evidence of motivation to improve and return to work, and meet the injured worker selection criteria. The previous decision is being reversed based on recent records submitted for review.