

Case Number:	CM14-0070860		
Date Assigned:	06/27/2014	Date of Injury:	03/02/2012
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 38-year-old female who has submitted a claim for pain disorder associated with both general medical condition and psychological factors, depressive disorder, anxiety disorder, chronic low back pain, bilateral lumbar radiculitis, chronic pain syndrome and reactive depression associated from an industrial injury date of March 2, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated February 6, 2014 revealed that the patient continues to have ongoing pain in the lower back which prevents her from doing prolonged sitting as well as bending. She continues to report significant depression and anxiety. On physical examination, the patient appears depressed and her affect was slightly flattened. There is tenderness over the lower lumbar paraspinal muscles from L3-L5, with guarding and mild muscle spasm. There was limitation in range of motion of the lumbar spine with flexion to approximately 50 degrees, extension to approximately 20 degrees, lateral tilt to both the left and the right to approximately 20 degrees. Straight leg raise test in both lower extremities did produce painful symptoms in the lower back but not in the legs. Treatment to date has included transforaminal epidural steroid injections (8/7/13), physical therapy, chiropractic treatment, acupuncture, and medications, which include hydrocodone, ibuprofen, tramadol, naproxen, gabapentin, and meloxicam. Utilization review from March 3, 2014 denied the request for 160 hours of functional restoration program for symptoms related to lumbar spine injury as outpatient because there is no documentation that she has done any work hardening, work conditioning or cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hours of functional restoration program for symptoms related to lumbar spine injury as outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As stated on pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, functional restoration program was requested to improve the patient's coping abilities and increase her knowledge regarding self management of her pain and its psychological comorbidities. An initial evaluation with baseline functional testing was done on February 6, 2014. The patient has undergone conservative therapy such as epidural steroid injections, physical therapy, chiropractic treatment, acupuncture, and medications; however, with only temporary benefits. She continues to have functional limitations related to his chronic low back pain. However, the records did not show evidence of inability to function independently. Moreover, negative predictors of success were not addressed. Guideline criteria for functional restoration program were not met. Therefore, the request for 160 hours of functional restoration program for symptoms related to lumbar spine injury as outpatient is not medically necessary.