

Case Number:	CM14-0071298		
Date Assigned:	07/14/2014	Date of Injury:	03/01/2012
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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, 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 right-hand dominant female who had a work-related injury on March 1, 2012. She was diagnosed with (a) discogenic lumbar condition with radicular component on the left lower extremity, with nerve studies being unremarkable and (b) element of insomnia, stress and depression related to this condition. In a recent progress note dated June 24, 2014 it was indicated that the injured worker complained of daily pain in the low back which radiated mostly into her left lower extremity. She also noted more spasms in the left leg as well as numbness and tingling sensation. Her pain was aggravated when sitting longer than 20 minutes, standing longer than 20 minutes and walking further than 30 minutes. She also stated that her chronic pain in the low back and left leg interfered with daily activities as well as functionalities. On examination, she was not in acute stress and her blood pressure was noted to be at 111/76 mmHg and her pulse was at 87 beats per minute. Examination of the lumbar spine revealed extension to be at 10 degrees and flexion was at 45 degrees. Her treatment to date included medications, physical and aquatic therapies, lumbar supports, use of heat and ice packs as well as (transcutaneous electrical nerve stimulation) unit. This is a review for a functional restoration program trial as an attempt of maximizing function and minimizing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Trial: Overturned

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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The medical records submitted for review documented that the injured has failed conservative treatment including medications, home exercise programs, physical and aquatic therapies as well as use of transcutaneous electrical nerve stimulation unit and heat and ice packs. She presented with complaints of continued disabling pain in her low back which radiated down her left leg with associated symptoms of numbness and tingling sensation. In an evaluation dated April 7, 2014 it was stated that she did have an associate of arts degree and was looking forward to some type of nursing program. In another evaluation dated May 6, 2014 it was indicated that she was attempting to enroll in a class for the summer semester which and she has stayed more active and involved in her treatment plan. She has been walking in a heated swimming pool about three times a week and that she has also purchased a compression garment to support her back at her own expense. As per California Medical Treatment Utilization Schedule, it mentions that the injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments, to effect this change. In addition, the evidence-based guidelines provided criteria for the recommendation of functional restoration programs which specifically mentions that if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided. In this case, the injured worker is stated to be not a candidate for surgery or any other invasive interventions at this time, warranting her to be an eligible candidate for the requested functional restoration program trial. Taking these into consideration, it can be concluded that the injured worker aims to improve her way of life despite her chronic pain and disability. The functional restoration program trial is determined to be medically necessary at this time. I am reversing the previous utilization review decision regarding the medical necessity of the requested functional restoration trial.