

Case Number:	CM14-0076422		
Date Assigned:	07/18/2014	Date of Injury:	07/09/2012
Decision Date:	09/30/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Illinois. 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 50 year old female who reported an injury on 07/09/2012 due to a fall. The diagnoses were listed as chronic low back pain with lumbar radiculitis, reactive depression, and chronic pain syndrome. The past treatment included medication, physical therapy, acupuncture, and chiropractic therapy. Her diagnostic studies included an electrodiagnostic study of the lower extremities on 03/05/2013 and an MRI of the lumbar spine on 12/23/2013. There were no relevant surgeries noted. On 04/30/2014, the injured worker complained of low back pain with radiation into both lower extremities. She reported that it remained constant and rated it 7/10 on a pain scale. She reported that her previous courses of therapy to include physical therapy, acupuncture, and chiropractic therapy were of minimal benefit and there were no long-term functional benefits. Upon physical examination, the injured worker was noted to have lumbar flexion limited to approximately 40 degrees and extension limited to 10 degrees. There was mild decreased sensation to light touch in the right thigh. Her current medications were gabapentin 600mg, relafen 500mg as needed, and buprenorphine 0.1 mg as needed. The treatment plan was to pursue her participation in a functional restoration program. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: 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 programs) Page(s): 30-32.

Decision rationale: The request for a functional restoration program is not medically necessary. The California MTUS Guidelines state that functional restoration may be considered where there is access to programs with proven successful outcomes if the patient has a delay in return to work. Outpatient pain rehabilitation programs may be considered medically necessary for injured workers who have documentation of an adequate and thorough evaluation, including baseline functional testing so follow-up with the same test can note functional improvement, 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. It may also be medically necessary if 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. In addition, negative predictors of success have been addressed such as a negative outlook on future employment or high levels of psychosocial distress. The injured worker reported that the previous courses of therapy provided minimal benefit. There is no indication the injured worker is not a candidate where surgery or other treatments would be warranted to improve function. Additionally, in the absence of documentation addressing baseline functional limitations, evidence of loss of ability to function independently resulting from the chronic pain, and documented evidence of patient willingness to change, the request is not supported at this time. As the request is written, the duration and frequency of treatment desired is not provided. Therefore, the request for a functional restoration program is not medically necessary.