

Case Number:	CM14-0083135		
Date Assigned:	07/21/2014	Date of Injury:	02/01/2012
Decision Date:	11/07/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 Internal 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 injured worker (IW) is a 44 year-old woman with a date of injury of February 1, 2012. The mechanism of injury occurred due to cumulative trauma to the back. She was working as a carpenter. The current diagnoses are: Chronic low back pain with grade 2 spondylolisthesis; lumbago. Treatment has included: Physical therapy; epidural steroid injection; medial branch blocks; medications; and diagnostics. In the most recent report on file dated May 5, 2014, the notes indicated that the IW has been unable to work for 2 years due to low back pain radiating down the right lower extremity. She has grade 2 spondylolisthesis at L5-S1 with impingement of the right L5 nerve. The leg pain responded to epidural steroid injection. Back pain did not respond to medial branch blocks. She does not wish to proceed with surgery, and in all likelihood that would not change her back pain, as the spondylolisthesis is stable in flexion an extension. She was told that she has been unable to progress forward. She has exhausted conservative therapy. Psychological assessment notes that the IW is motivated. Negative predictors of success have been addressed. Physical/functional evaluation by the physical therapist on May 1, 2014 noted the IW only has flare-ups once a week, that may last days at a time at a 10/10 pain level. She has no effective coping strategies to allow her to continue with her ADLs. She has severe fear of normal movement, believing it will cause damage including the risk of paralysis in the future. She has been counseled on limiting her alcohol use and its detrimental effects, and discussed smoking cessation, which the IW is willing to being. The amount of alcohol consumed or number of cigarettes smoked a day were not documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Restoration program for 20 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Functional Restoration Program

Decision rationale: Pursuant to the California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the outpatient functional restoration program for 20 days is not medically necessary. The Official Disability Guidelines contain the criteria for general use of multidisciplinary pain management programs. In this case, although the beneficiary meets the majority of the criteria for a functional restoration program, treatment is not suggested for longer than two weeks without evidence of compliance and demonstrated efficacy as documented by subjective and objective gains. The treating physician requested 20 days. Consequently as a result of the two-week time frame for demonstrated evidence of compliance and efficacy, the functional restoration program 20 days is not medically necessary. Based on the clinical information in the medical record and peer reviewed, evidence based guidelines, the Outpatient Functional Restoration program for 20 days is not medically necessary and appropriate.