

Case Number:	CM14-0087259		
Date Assigned:	07/23/2014	Date of Injury:	08/18/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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 48-year-old male, who reported an injury on 06/18/2013. The mechanism of injury was a fall. The diagnoses included lumbar spine spondylosis, disorder of the sacrum, lumbar spine degenerative disc disease, and left leg joint pain. The previous treatments included physical therapy and medication. The diagnostic testing includes an MRI of the lumbar spine, MRI of left knee. Within the clinical note dated 05/01/2014, it was reported the injured worker complained of low back and left knee pain. The injured worker complained of axial low back pain, primarily on the right side. He noted his pain is intermittent and radiates into the right buttock and down the posterolateral right lower extremity into the mid-calf. The injured worker continued with right-sided low back pain and intermittent radiation to the right buttock. Upon the physical examination, the provider noted the lumbar spine measured to be 25 degrees of extension and flexion at 40 degrees. The injured worker had a negative straight leg raise. The provider noted spasms and guarding to the lumbar spine. The provider noted the lumbar spine motor strength was 5/5. The provider noted the injured worker was not a surgical candidate; however, is requesting a functional restoration program. The Request for Authorization was provided and submitted on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at the [REDACTED] **Functional Restoration program:** 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): 30-32.

Decision rationale: The request for initial evaluation at [REDACTED] Functional Restoration program is not medically necessary. The California MTUS Guidelines recommend chronic pain programs, such as functional restoration programs, where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery. The criteria for a functional restoration program include an adequate and thorough evaluation has been made, including baseline functional testing, so follow-up with the same test can note functional improvement; the previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the injured worker has a significant loss of ability to function independently resulting from the chronic pain; the injured worker is not a candidate where surgery or other treatments would clearly be warranted (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); the injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments, to effect this change; and, negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is lack of documentation indicating the injured worker had undergone baseline functional testing. There is lack of documentation indicating the injured worker had tried and failed on previous therapy, the previous methods of treating chronic pain. There is lack of documentation indicating the injured worker has significant loss of the ability to function independently resulting from chronic pain. Therefore, the request of initial evaluation at the [REDACTED] [REDACTED] Functional Restoration program is not medically necessary and appropriate.