MAXIMUS Federal Services

Case Number:	CM14-0088202		
Date Assigned:	07/23/2014	Date of Injury:	05/21/2013
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational 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:

According to the records made available for this review, this is a 46-year-old man who was injured on 5/21/13. This is a request for an evaluation for a functional restoration program. The request indicates patient has had lumbar left L4 and L5 TESI's on 2/26/14, which did provide good control of the patient's pain. It is also reported that the patient has had chiropractic and physical therapy. Medications mentioned in the provided documents were gabapentin 600 mg which the patient stopped after the LESI's because he did not need it. He is only using topical Lidoderm patches. He has been on a modified duty basis since at least 12/19/13 with no lifting, carrying, pushing and pulling greater than 50 pounds, but this has apparently not been accommodated as the requesting document states patient has not worked since August 2013. At the time of request the subjective complaints were that the LESI 's gave him good pain control. He had pain while standing, has to sit down after standing >8 mins. Sitting improves the pain. Walking does not aggravate the pain. There was pain radiating down his groin especially after running, which improved after the injection. Objective findings did not include any abnormalities in the lower back or lower extremities. Diagnoses were lumbar radiculopathy, disc disorder lumbar, low back pain. After that, patient was seen again on 6/9/14 and subjectively the patient's low back pain was improved, he was not taking any pain medications. There had not been any flare-ups since last visit. No abnormalities were documented on the exam. None of the medical reports mention that this patient has any limitations in activities of daily living. There is no mention that he has had any, work hardening or that he participates in any type of independent home rehabilitation program. There are no documented abnormal pain behaviors. There is no mention of any counseling addressing his stated fear avoidance issues. Since pain is minimal, there are no excessive pain complaints that are disproportionate to the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 312.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, page(s) 30-34; 49 Page(s): 30-34 49.

Decision rationale: The medical records state that the patient's job as a garage door installer requires 160 lbs. of lifting and he is unsure if he can go back to his previous work. He is deconditioned and has fear avoidance. However, there is no documentation that there has been any significant loss of ability to function independently rising from the chronic pain. The previous methods of treating this chronic pain were indeed successful and there are other options that are likely to result in significant clinical improvement such as a work hardening program with transition to an independent exercise and rehabilitation program. There is mention of fear avoidance behaviors but no mention of any counseling regarding that. Therefore, based on the guidelines and reviewed evidence the requested evaluation for functional restoration program is not medically necessary.