

Case Number:	CM14-0091749		
Date Assigned:	07/25/2014	Date of Injury:	07/25/2013
Decision Date:	09/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 51-year-old male who reported an injury on 07/25/2013 due to pulling a water cannon up a hill, when he heard a pop. He woke up in the hospital, and had 2 cardiac stents placed after a heart attack and passed out. The injured worker had a history of lower back pain. The injured worker had diagnoses of unspecified thoracic/lumbar neuritis or radiculitis, lower back pain, and insomnia secondary to chronic lower back pain. The MRI of the lumbar spine dated 08/23/2013 revealed retrolisthesis at the L5-S1 and some mild disc degeneration at the L5-S1. The past treatment included 12 sessions of chiropractic therapy, 6 sessions of physical therapy and medication. The prior surgical procedures included status post 2 stents secondary to a heart attack in 2013. The medications included glipizide 5 mg, Lisinopril and metformin, with a reported 5/10 on the VAS. The objective findings of the lumbar spine dated 07/03/2014 revealed a flexion of 60 degrees, extension 20 degrees, lateral bend of 20 degrees, and bilateral rotation of 30 degrees. Tenderness to palpation at the thoracic spine throughout the lumbar spine bilaterally. The Waddell's sign was negative. Deep tendon reflexes were 2/4, with a 5/5 bilaterally to lower extremities. Straight leg raise was negative, and sensation was intact. The treatment plan included modified duty, increased home exercise program, followup with the physician and functional restoration program. The Request for Authorization dated 07/25/2014 was submitted with documentation. The rationale for the functional restoration program was that the injured worker had reached maximum medical improvement.

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 Page(s): 92, Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 32.

Decision rationale: The request for a ██████████ Functional Restoration Program is not medically necessary. The California MTUS Guidelines recommend a functional restoration program when the patient has had an adequate and thorough evaluation including baseline functional testing so follow-up with the same test can note functional improvement; that 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 patient has 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 and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical notes indicated that the injured worker stopped taking the Flexeril for an unknown reason. No other medications were noted. No documentation was provided that indicated that the injured worker had failed conservative care. The physical therapy note indicated that the injured worker had improved in the lower back. As such, the request is not medically necessary.