

Case Number:	CM14-0196812		
Date Assigned:	12/04/2014	Date of Injury:	09/04/2013
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 4, 2013. In a Utilization Review Report dated October 30, 2014, the claims administrator denied a functional restoration program. The claims administrator decision was based on various RFA forms, progress notes, and appeal letters dated September 9, 2014, September 17, 2014, October 17, 2014, and October 24, 2014. The claims administrator posited that the applicant's deficits could theoretically be remediated through physical therapy and/or manipulative therapy as opposed to the proposed functional restoration program. The applicant's attorney subsequently appealed. In a progress note dated March 14, 2014, the applicant reported ongoing complaints of low back, leg and neck pain. The applicant had been unable to work since December 2013, it was acknowledged, was not currently working. The applicant was on tramadol, Naprosyn and unspecified anti-hypertensive. The attending provider suggested that the applicant undergo an L4-L5 lumbar fusion surgery and placed the applicant off of work on total temporary disability, in the interim. On July 21, 2014, the applicant's primary treating provider, a chiropractor, suggested that the applicant remain off of work, on total temporary disability. The primary treating provider also suggested that he believed that lumbar spine surgery was the most appropriate treatment option here. On July 24, 2014, the applicant's pain management physician noted the applicant was scheduled for a second epidural steroid injection, but that the applicant's pain was unchanged. While noting that applicant's pain was unchanged after a prior lumbar epidural injection, the applicant was on Naprosyn, Protonix, and Norco. The applicant exhibited diffuse tender points. The applicant was asked to pursue an epidural steroid injection, medial branch blocks, and Norco. On July 30, 2014, the applicant received an epidural steroid injection at L5-S1. On October 13, 2014, the applicant received facet blocks. On August 21, 2014, the

applicant was again placed off of work, on total temporary disability. On September 18, 2014, the applicant was asked to pursue medial branch blocks. On October 17, 2014, the applicant's pain management physician appealed previously denied Prilosec, Naprosyn, and Norco (hydrocodone-acetaminophen).

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 Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain program/functional restoration program is evidenced that an applicant is not a candidate for surgery or other treatments, which would clearly be warranted to improve pain and function. In this case, several of the applicant's treating providers, including a spine surgeon and chiropractor, have posited that the applicant is candidate for lumbar fusion surgery. The applicant's seemingly pending lumbar spine surgery, thus, would likely obviate the need for the proposed functional restoration program. Thus, there is/are other treatments here which are clearly warranted to improve pain and function, including lumbar spine surgery. Therefore, the proposed functional restoration program/chronic pain program is not medically necessary.