

Case Number:	CM14-0202101		
Date Assigned:	12/12/2014	Date of Injury:	09/19/2013
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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 42-year-old man with a date of injury of September 19, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar sprain/strain; displacement of lumbar intervertebral disc; and low back pain. Pursuant to the progress note dated November 4, 2014, the IW complains of constant pain across his low back into the left lower extremity. The pain is hot and sharp in character. Pain without medication is rated 7/10, and 4/10 with medications. Objective physical findings reveal the IW is able to ambulate with guarded gait. He has good lower extremity range of motion. His back range of motion reveals a flexion of 60 degrees and an extension of 10 degrees. His reflexes are 2/4 in the knees and 2/4 at the ankles. He has moderate tenderness to palpation across the spinous processes of the lumbar spine. Current medications include Norco 5/325mg, and Remeron 15mg. Documentation indicated the IW has undergone 10 sessions of physical therapy (PT) to the low back. Objective functional improvement associated with prior PT was not documented in the medical record. The IW had a consultation with a spine surgeon on October 10, 2014. The surgeon informed the IW that he was a surgical candidate, however, the surgery may not improve the pain. The treating physician recommends refills of medications. He states that the IW is motivated to return to work and wean off medications. The provider indicated the IW does not want surgery after his consultation with the spine surgeon, therefore, an authorization request for a [REDACTED] Interdisciplinary Pain Rehabilitation Program Evaluation will be submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

████ functional restoration program evaluation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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); Pain Section, Functional Restoration Program, Chronic pain programs (functional restoration programs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, █████ functional restoration program evaluation is not medically necessary. Functional restoration programs are recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The guidelines recommend the option of a functional restoration program for patients with conditions that put them at risk of delayed recovery were motivated to improve and return to work and meet the patient selection criteria outlined. The criteria for the general use of multidisciplinary pain management programs include, but are not limited to, the patient has a chronic pain syndrome; evidence of continued prescription pain medicines; previous methods of treating chronic pain have been unsuccessful; there should be documentation the patient has motivation to change, and is willing to change the medication regimen There should also be documentation that the patient is aware successful treatment may change compensation and or other secondary gains. Treatment is not suggested for longer than two weeks without evidence of compliance and significant demonstrated efficacy and objective gains. In this case, the injured worker's working diagnoses are lumbar spine pain; lumbar spine degenerative this disease; lumbar spine radiculopathy; lumbar spine spinal stenosis; and lumbar spine herniated disc/disc bulge. The documentation indicates the injured worker has failed physical therapy and remains with chronic pain. Injured worker's medications on your home 5/325 mg one tablet every six hours as needed for pain and Remeron 15 mg one at bedtime as needed for pain. The selection criteria required documentation of motivation to change and the willingness to alter medications. There is no documentation of the injured worker's motivation to change, and there is no documentation of the injured worker's willingness to change his medication regimen. There is no documentation of the patient is aware of successful treatment may change his compensation or other secondary gains. Consequently, absent the appropriate documentation required by the guidelines, █████ functional restoration program evaluation is not medically necessary.