

Case Number:	CM14-0203247		
Date Assigned:	12/15/2014	Date of Injury:	05/14/2011
Decision Date:	02/05/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab 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 patient is a 34-year-old male who suffered an industrial injury on May 14, 2011. According to the 10/29/2014 (15) treating physician report the patient continues to complain of low back pain and bilateral leg pain, paresthesias and weakness. Additionally he has complaints of insomnia and diminished libido. The patient is status-post right L2-3, L3-4, L4-5, and L5-S1 hemilaminectomies and contralateral laminoplasties performed on July 21, 2011. The patient has failed at conservative management including chiropractic, physical therapy, and injections. Psychological testing reveals depression and anxiety. According to the records, the spine surgery left him with pain and weakness in the lower extremities, neurogenic bladder, neurogenic bowel, and erectile dysfunction. More recent treatment has included a spinal cord stimulator implant on 3/31/14. Current medications include Oxycodone, Cymbalta, Medrox patches, Terocin lotion and Amitriptyline. Exam findings include positive SLR, decrease muscle tone in lower extremities, decreased muscle strength in lower extremities, and diminished reflexes. The current diagnoses are: 1. Lumbar radiculopathy 2. Lumbar DDD 3. Lumbar post-laminectomy syndrome 4. Status-post spinal cord stimulator implant. The utilization review report dated 11/12/14 modified the request for functional restoration program to allow five days a week for two weeks (10 sessions) to see how the patient responds before extending the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program to Allow For 5 Days A Week for Two Weeks (10 Sessions): Upheld

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

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

Decision rationale: The patient continues to have complaints of low back and bilateral leg pain and paresthesias, along with diminished muscle tone and strength. He also suffers from bladder and bowel dysfunction along with erectile dysfunction following his back surgery. The current request is for Functional Restoration Program to allow 5 days per week for two weeks (10 sessions). Functional Restoration Programs are recommended when the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient 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); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the reports provided do not address anything regarding the patient being motivated to change and is willing to forgo secondary gains. Additionally there is no documentation of negative predictors of success addressed in the reports provided. The current request is not medically necessary as it does not meet the MTUS guidelines therefore request is not medically necessary.