

Case Number:	CM14-0208651		
Date Assigned:	12/22/2014	Date of Injury:	11/23/2013
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 24 year old female with an injury date of 11/23/13. Based on the 11/20/14 progress report provided by treating physician, the patient complains of neck, upper back, mid back, lower back, and right leg and foot pain rated 5/10 while taking medications. Patient is status postindustrial injury on 11/23/13. Physical examination conducted 11/20/14 revealed tenderness to palpation to the cervical paraspinal muscles with hypertonicity and spasm noted bilaterally, reduced range of motion was decreased especially on flexion. Thoracic paraspinal muscles exhibited tenderness to palpation bilaterally. Lumbar paraspinal muscles were also tender to palpation and exhibited hypertonicity, spasm and reduced, painful range of motion in all planes. Straight leg test is positive, FABER test is positive. Patient continues to utilize TENS unit at home. Patient currently takes Ibuprofen, Norco, and recently discontinued Cymbalta. Diagnostic studies were not provided with the report, however QME conducted 08/31/14 discusses undated MRI report noting "loss of disc height with disc desiccation most pronounced at L3-L4 and L5-S1. 4mm central disc protrusion at L3-L4 with mild bilateral facet changes. L5-S1 3mm disc protrusion with mild to moderate bilateral facet hypertrophy and mild bilateral foraminal narrowing. Patient is currently employed as a receptionist. Diagnoses 11/20/14, 10/02/14, 07/24/14- Cervical pain- Low back pain- Thoracic painThe utilization review determination being challenged is dated 12/03/14.The rationale is "based on the diagnosis and considering lack of any documented psychological issues, or pain behaviors, and lack of more simple course of individual psyche counseling, according to MTUS treatment guidelines... the request is not medically necessary." Treatment reports were provided from 12/03/13 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Multidisciplinary Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck, upper back, mid back, lower back, and right leg and foot pain rated 5/10 while taking medications. Patient is status postindustrial injury on 11/23/13. The request is for functional restoration program multidisciplinary evaluation. Physical examination conducted 11/20/14 revealed tenderness to palpation to the cervical paraspinal muscles with hyper tonicity and spasm noted bilaterally, reduced range of motion was decreased especially on flexion. Thoracic paraspinal muscles exhibited tenderness to palpation bilaterally. Lumbar paraspinal muscles were also tender to palpation and exhibited hyper tonicity, spasm and reduced painful range of motion in all planes. Straight leg test is positive, FABER test is positive. Patient continues to utilize TENS unit at home. Patient currently takes Ibuprofen, Norco, Percocet and recently discontinued Cymbalta. Diagnostic studies were not provided with the report, however QME conducted 08/31/14 discusses undated MRI report noting "loss of disc height with disc desiccation most pronounced at L3-L4 and L5-S1. 4mm central disc protrusion at L3-L4 with mild bilateral facet changes. L5-S1 3mm disc protrusion with mild to moderate bilateral facet hypertrophy and mild bilateral foraminal narrowing. Patient is currently employed as a receptionist. MTUS Chronic Pain Medical Treatment Guidelines, page 30-32, in regards to Chronic Pain Programs (Functional Restoration Programs), states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 32 of 127(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." Progress reports provided, most recent 11/20/14 establishes that a thorough evaluation of the patient's chief complaint has been conducted, including examinations of her current work status (employed as a receptionist). Conservative therapies such as medications, home-based TENS unit, and physical therapy have been utilized with minimal results. The patient could potentially be considered a candidate for some more-invasive procedures owing to positive MRI findings and physical examinations, though the goal of functional improvement therapies is the avoidance of such procedures. However, the documentation provided fails to meet several of the criteria outlined by MTUS. The patient does not appear to suffer from significant functional loss as the patient is fully

employed and also going to school. Other negative factors are not addressed either. Therefore, this request is not medically necessary.