

Case Number:	CM14-0208882		
Date Assigned:	12/22/2014	Date of Injury:	03/15/2011
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/14/2014

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:

Injured worker is a female with date of injury 3/15/2011. Per progress note date 11/13/2014, the injured worker complains of low back pain and right lower extremity pain. She is still benefiting from the latest epidural. The pain is increased but still over 50% improvement from the baseline pain. She has completed physical therapy in 2012 and now conducts a self-directed home exercise program. She had six sessions of acupuncture which provided her over 50% relief in 2012. She notes that her radicular symptoms have returned in her left leg. Her current medication regimen reduces her pain to make it more tolerable and she is requesting refills. On examination the lumbar spine is restricted in all planes with increased pain. Muscle guarding is also noted. The gait is antalgic. She is walking with a cane. She is able to sit for 15 minutes without any limitations or evidence of pain. She reports stiffness, right greater than left, but feels weakness in the left lower extremity. Motor strength is 4/5 in bilateral lower extremities. Sensation is decreased to light touch, pinprick and temperature along L4, L5 dermatomes left lower extremity. Deep tendon reflexes are 1+ bilateral ankles and 1+ right patellar and absent on the left patellar. Straight leg raise test is positive left for radicular at less than 60 degrees. Patrick/Gaenslen tests are negative for SI arthropathy. Pace/Freiberg's tests are negative for piriformis syndrome. Diagnoses include 1) lumbar disc with radiculopathy 2) degeneration of lumbar disc 3) low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation for chronic low back pain: 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 Chronic Pain Programs (functional restoration programs), Functional Restoration Programs (FRPs).

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Outpatient pain rehabilitation programs may be considered medically necessary when all of 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. The injured worker has reportedly been dismissed from her work due to requiring the use of a cane. The requesting provider reports that the injured worker will benefit physically from not working. She is limited in function and doesn't have the ability to walk more than a few steps. She is currently unable to go grocery shopping on her own because she can't push a shopping cart. The injured worker has had significant benefit from multiple interventions and treatments. She is encouraged by the primary treating physician to actively participate in a home exercise program, but her motivation to do this is not addressed. Although the injured worker appears to be significantly disabled, she does not meet the criteria for use of multidisciplinary pain management program as outlined by the MTUS Guidelines. The request for Multidisciplinary Evaluation for chronic low back pain is determined to not be medically necessary.