

<b>Case Number:</b>	CM14-0028479		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 injured worker is a male with a date of injury of 7/2/2012. Per initial comprehensive primary treating physician report dated 12/6/2013, the injured worker complains of pain in the head, mid back, low back, and left hip. He is frustrated by his injury and he is experiencing stress, anxiety, insomnia, and depression brought on by his chronic pain, physical limitations, inability to work, and uncertain future. His pain is alleviated with medications, rest and activity modification. On examination, there is tenderness over the spinous processes T4, T5, T6. There is also bilateral thoracic paraspinal muscle guarding. Thoracic spine range of motion is reduced. He has an antalgic gait and walks with a cane. He is unable to heel-toe walk secondary to pain. He is able to squat approximately 10% of normal due to pain in the low back. There is bilateral lumbar paraspinal muscle guarding noted. The spinous processes L3-L5 are tender to palpation. Lumbar spine range of motion is reduced. Straight leg raise is positive at 40 degrees on the right and at 35 degrees on the left. Sitting root is positive bilaterally. There is tenderness to palpation at the right trochanter. Left hip range of motion is reduced. There is decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes in the left lower extremity. Motor strength is reduced in the bilateral lower extremities at the L2, L3, L4, L5 and S1 myotomes. Deep tendon reflexes are 2+ at the right lower extremity and 1+ at the left lower extremity. Diagnoses include headaches, thoracic spine sprain/strain, lumbar herniated nucleus pulposus (HNP), lumbar radiculopathy, left hip internal derangement, anxiety, depression, stress, and psychosexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Improvement Measurements Every 30 Days: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of functional improvement measures. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions, activities of daily living, self-report of disability, physical impairments, and approach to self-care and education. The claims administrator acknowledges that this is a part of routine physician or therapy visits and that specific certification of functional improvement measurements is not supported as part of a distinct billable or certifiable procedure. Medical necessity of this request has been established within the context that functional improvement measures are recommended by the MTUS Guidelines. The request for functional improvement measurements every 30 days is determined to be medically necessary.