

Case Number:	CM14-0090748		
Date Assigned:	07/23/2014	Date of Injury:	04/12/2012
Decision Date:	03/04/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female with a reported industrial injury on April 12, 2012, the injured worker reported on May 9, 2014 that she slipped on a wet floor while working and noted immediate onset of low back and right leg pain. The injured worker was seen on May 9, 2014 for new patient evaluation physical medicine and rehabilitation provider. The presenting complaints included moderate, constant, dull right lower back pain that shoots down her right leg and is exacerbated with lifting, bending, prolonged sitting and prolonged standing. The injured worker reports bending backwards is worse than bending forwards and difficulty tolerating her job. The physical exam revealed a right sided foot flat antalgic gait, slowed gait, a stooped gait, and has a wide-based gait, heel strike. The lumbar spine evaluation revealed restricted range of motion with flexion limited to thirty five degrees due to pain and extension limited to ten degrees due to pain, on palpation, paravertebral muscles, spasm, tenderness, tight muscle band and trigger point is noted on both the sides, spinous process tenders noted on L4 and L5. Multiple myofascial trigger points noted, lumbar facet loading is positive on the right side, straight leg raising test was positive on the right side in supine position at 40 degrees. Sensory examine revealed dysesthesias were present over lateral calf and anterior thigh, lateral thigh on the right side. The diagnostic studies have included Magnetic resonance imaging (MRI) of lumbar spine, revealed L5-S1 moderate disc desiccation let posterolateral 4-5mm disc osteophyte complex and facet arthropathy with mild foraminal narrowing, the narrowing is slightly more severe on the left side there is minimal mass effect on the exiting nerve, Mild to moderate disc desiccation of the remaining lumbar discs which are intact, there is a posterior and right paramedial annular

bulge at L4-L5 and there is facet arthropathy at each level without foraminal stenosis. The medical treatment is physical therapy twelve sessions, six sessions of chiropractic with no relief, epidural injections with approximately one month pain relief and medication. Diagnoses are lumbar facet syndrome, lumbar radiculopathy, chronic pain syndrome and low back pain. The treatment plan is refer to functional restoration program, pain management Vicodin and trial Cymbalta. On May 13, 2014, the provider requested functional restoration program evaluation, on May 30, 2014, the Utilization Review non-certified functional restoration program the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteris for the general use of multidisciplinary pain management.

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

Decision rationale: The patient presents with persistent lower back pain with associated right lower extremity pain. The current request is for a functional restoration program evaluation. The patient continues to have complaints of low back and bilateral leg pain and paresthasias, 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 a Functional Restoration Program evaluation. The attending physician states "refer for a FRP evaluation at R1 programs- we agreed that we wanted to take a conservative approach and focus on pain management and function and avoid surgery. The CA MTUS guidelines indicates that 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, there is no evidence to support that the patient is unable to function independently resulting from chronic pain. In fact the 1/30/14, 3/17/14, and 4/8/14 attending physician reports suggest the patient is able to work full capacity without restrictions. It was noted the patient had a work capacity evaluation which demonstrated 100% safe and sustainable whole body work ability. There was no documentation that the patient exhibits motivation to change and is willing to forgo secondary gain. There is no documentation that negative predictors of success have been addressed. The records made available for review

do not meet the MTUS guidelines criteria for a functional restoration program, and as such recommendation is for denial.