

Case Number:	CM15-0005432		
Date Assigned:	01/16/2015	Date of Injury:	11/01/2011
Decision Date:	04/06/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/10/2015

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

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 45-year-old male who reported an injury on 11/01/2011. The mechanism of injury was not stated. The current diagnoses include status post L4-S1 fusion with acute right L5 radiculopathy, bilateral peroneal neuropathy, cervical disc bulge with left upper extremity radiating pain and numbness, cervical myofascial pain, left carpal tunnel syndrome, sleep and sexual dysfunction, GERD, depression, and obesity. The injured worker presented on 01/27/2015 for a followup evaluation. The injured worker noted an improvement with the use of Butrans patch 10 mcg. The injured worker was able to reduce Percocet to 3 times daily as needed. The current medication regimen also includes naproxen 550 mg, Cymbalta 60 mg, Lyrica 300 mg, and cyclobenzaprine 7.5 mg. The injured worker reported 8/10 pain with radiation into the bilateral upper and lower extremities with urinary symptoms as well. Upon examination, there was a slow and antalgic gait with 4/5 left lower extremity weakness, decreased sensation in the bilateral lower extremities, and positive straight leg raise bilaterally. The injured worker utilized a cane for ambulation assistance. Recommendations included a Functional Restoration Program for 8 weeks. A Request for Authorization form was then submitted on 01/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program (5 Days /weeks x8 weeks/40 sessions total): 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 Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Patients should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should be addressed. In this case, a full 2 month program cannot be approved, as the guidelines do not recommend treatment beyond 2 weeks without evidence of patient compliance. There is no specific return to work plan provided. There is also no indication that this injured worker is not currently a surgical candidate. The injured worker was also initiated on Butrans, which is a long acting opioid which may cause tolerance and/or dependency. The medical necessity for a Functional Restoration Program at this time has not been established. As such, the request is not medically appropriate.