

Case Number:	CM15-0101788		
Date Assigned:	06/04/2015	Date of Injury:	07/02/2007
Decision Date:	07/08/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on 7/2/2007. He reported injury while lifting a spiral staircase. The injured worker was diagnosed as having lumbar spondylosis with lumbar discopathy and intermittent bilateral lower extremities radiculitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, work modification and medication management. In a progress note dated 5/6/2015, the injured worker complains of continuing low back pain with occasional bilateral lower extremities dyesthesias. The injured worker was noted to walk with a cane with a slow wide gait. Physical examination showed low back pain with leg raise. The patient has had positive SLR and Limited range of motion and normal sensory and motor examination. The treating physician is requesting an initial evaluation for a functional restoration program. Patient has received an unspecified number of PT visits for this injury. The medication list include Methadone, Aspirin, Benazepril, and Metformin. The patient has had MRI of the low back on 9/26/2007 that revealed disc bulge and compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 initial evaluation at [REDACTED] Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 30-32 Chronic pain programs (functional restoration programs).

Decision rationale: Request: initial evaluation at [REDACTED] Functional Restoration Program. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (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. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines criteria for the general use of multidisciplinary pain management programs-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; (6) Negative predictors of success above have been addressed. He reported injury while lifting a spiral staircase. The injured worker was diagnosed as having lumbar spondylosis with lumbar discopathy and intermittent bilateral lower extremities radiculitis. In a progress note dated 5/6/2015, the injured worker complains of continuing low back pain with occasional bilateral lower extremities dyesthesias. The injured worker was noted to walk with a cane with a slow wide gait. Physical examination showed low back pain with leg raise. The patient has had positive SLR and Limited range of motion. Patient has received an unspecified number of PT visits for this injury. The medication list include Methadone, Aspirin, Benazepril, and Metformin. The patient has had MRI of the low back on 9/26/2007 that revealed disc bulge and compression. The pt has chronic pain beyond the expected time for recovery. He is on multiple medications. An initial one time EVALUATION to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time. The request for initial evaluation at [REDACTED] Functional Restoration Program is medically necessary and appropriate for this patient.