

Case Number:	CM15-0102177		
Date Assigned:	06/04/2015	Date of Injury:	09/23/2013
Decision Date:	07/21/2015	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on 9/23/2013. Diagnoses include lumbar radiculopathy and degenerative joint/disc disease of the lumbar spine. Treatment to date has included injections, medications including Tramadol and chiropractic care. Per the Primary Treating Physician's Progress Report dated 1/05/2015, the injured worker reported improvement with chiropractic care but he remains symptomatic. Physical examination revealed a nonantalgic gait. He is able to heel toe walk without difficulty. Thoracic spine examination revealed tenderness to palpation in the paravertebral muscles with mild limitation of motion. Lumbar spine examination revealed tenderness of the paravertebral muscles with restricted range of motion. There was increased pain with lumbar motion most notably in lumbar extension. The plan of care included injections, medications and a functional Restoration Program. He was temporarily totally disabled. Authorization was requested for a Functional Restoration program (2x6) lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2x6 weeks (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs, p30-32 Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for radiating back pain. When requested, there is reference to the claimant continuing with functional restoration with definite improvement. He, however, was not participating in a functional restoration program. When seen, there was a non-antalgic gait. There was thoracic and lumbar spine tenderness with decreased range of motion. Straight leg raising was negative. There was decreased lower extremity sensation. Authorization for an epidural injection was requested. A functional restoration program can be recommended for selected patients with chronic disabling pain. Criteria include 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. In this case, the claimant has not failed conservative treatments and an additional epidural steroid injection is being requested. Therefore, a functional restoration program is not medically necessary at this time. If this is a request for physical therapy, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not be medically necessary.