

Case Number:	CM15-0136467		
Date Assigned:	07/24/2015	Date of Injury:	01/17/2003
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, 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 52-year-old male, who sustained an industrial injury on 1/17/03. He has reported initial complaints of a back injury working as an auto body worker after bending down he was unable to get back up. The diagnoses have included lumbago, lumbosacral spondylolysis, acquired spondylolisthesis, depression and psychogenic pain. Treatment to date has included medications, diagnostics, acupuncture, chiropractic, aqua therapy, physical therapy, epidural steroid injection (ESI), lumbar facet injections, and other modalities. Currently, as per the physician progress supplemental report note dated 6/8/15, the injured worker complains of chronic low back pain with radiation to the bilateral legs. The radicular symptoms are described as a sharp sensation that occurs with extended periods of sitting or standing. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The physical exam reveals that there is pain to palpation of the lumbar spine, there are spasms, lumbar range of motion is limited, straight leg raise is positive and extension at 90 degrees causes back pain and leg pain. The physician notes that the injured worker has exhausted conservative treatment, he is not a surgical candidate and he has failed injection therapy. The physician requested treatment included Initial evaluation Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation Functional Restoration Program within MPN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 30-33.

Decision rationale: According to the guidelines, 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. (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. The claimant's history and desire to improve as well as failing other prior conservative measures, the request for an evaluation for functional restoration program is medically necessary.