

Case Number:	CM15-0138132		
Date Assigned:	07/28/2015	Date of Injury:	07/16/2003
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 37 year old female who sustained an industrial injury on 7.16.03 from a fall injuring her low back. She underwent two lumbar surgeries: left L3-4, L4-5 and L5-S1 laminectomy, discectomy and two years later (2013) had L3-S1 posterior fusion. She had no relief with surgeries. She currently complains of chronic back pain with radicular complaints down the legs. She has constant pain in bilateral legs, buttocks, knees, hips, ankles and feet. Her pain level was 8 out of 10. She has fallen in the past when her legs gave out and uses a walker and cane for ambulation. On physical exam of the lumbar spine there was decreased range of motion, tenderness over the lower facet joints. She has difficulty with activities of daily living and per 6/4/15 note is markedly deconditioned. Medications were Lyrica, oramorph SR, Skelaxin, promethazine HCL, morphine sulfate. Diagnoses include diabetes; obesity; post laminectomy, lumbar fusion, lumbar; chronic pain syndrome; depression; insomnia; lumbar back pain; left lumbar radiculopathy; degenerative disc disease, lumbar spine; degenerative facet disease, lumbar spine; lumbar disc displacement; spinal stenosis, lumbar spine. Treatments to date include medications; surgical intervention without benefit; physical therapy; aquatic therapy; epidurals. Diagnostics include x-ray of the lumbar spine (7/31/14) showing post-surgical changes; computed tomography of the lumbar spine (9/10/14) unremarkable; x-ray of the lumbar spine (12/22/14) showing postoperative and degenerative findings; x-ray of the lumbar spine (3/12/15) showing postsurgical changes; x-rays of the lumbar spine (6/15/15) showing postsurgical changes. In the progress note dated 4/23/15 the treating provider's plan of care included a request for functional restoration program, pain management. Per 6/4/15 note the

injured worker has no medical contraindications to participate in the functional restoration program as her diabetes is well controlled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Functional Restoration Program, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Restoration Programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 31-32.

Decision rationale: This 37 year old female has complained of low back pain since date of injury 7/16/03. She has been treated with surgery, physical therapy, epidural steroid injections and medications. The current request is for pain management functional restoration program, 160 hours. Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, pain management functional restoration program, 160 hours is not indicated as medically necessary.