

Case Number:	CM15-0138199		
Date Assigned:	07/28/2015	Date of Injury:	09/17/2013
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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 50-year-old female with an industrial injury dated 09/17/2013. The injury is documented as occurring while she was on a tractor removing debris from the tractor when it began to roll downhill. She rolled off the tractor resulting in loss of consciousness and injury to her back and right shoulder. Her diagnoses included sciatica, disorders of sacrum and pain in joint shoulder (right.) Prior treatment included physical therapy, lumbar epidural steroid injection and medications. She presents on 06/09/2015 with complaints of chronic low back pain with radiation into her lower extremities. Documentation notes the injured worker did complete physical therapy with minimal benefit. She had been approved for 12 sessions of acupuncture but had not started the treatments. The provider documented the following: The injured worker had extensive conservative management including physical therapy and home exercise program without much improvement. She was status post lumbar epidural steroid injection on 12/16/2014 with temporary pain relief. The patient is not a surgical candidate at this point in time. Currently she does not have mechanisms for dealing with her pain and is very frustrated and dealing with it poorly. The injured worker had been unable to return to work secondary to pain. Treatment plan was for a functional restoration program and improve her activities of daily living, possibly return to the labor force which her background and educational levels are suitable for. The treatment request is for evaluation for a Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for a Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for low back pain with intermittent lower extremity radiating symptoms. When seen, she had completed physical therapy with minimal benefit. She had been approved for acupuncture treatments but had not yet started these. She was not utilizing much medication. Norco, nabumetone, and Protonix were being prescribed. Physical examination findings included a near ideal body weight. There was lumbar paraspinal muscle spasm with guarding with a normal neurological examination. Prior treatment had included a lumbar epidural injection in December 2014, which had provided approximately 6 weeks of pain relief. She had previously worked as a field worker requiring heavy lifting and extensive physical labor. Authorization for a functional restoration program evaluation was requested. In terms a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful and that there is an absence of other options likely to result in significant clinical improvement. In this case, acupuncture and additional physical therapy treatments are pending and the claimant has benefitted from prior treatments including an epidural steroid injection and medication. The presence of chronic disabling pain with loss of independent function is not documented. A functional restoration program evaluation is not medically necessary.