

Case Number:	CM15-0142434		
Date Assigned:	08/03/2015	Date of Injury:	07/23/2013
Decision Date:	09/11/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This 61 year old male sustained an industrial injury to the knee, back and left knee on 7-8-13. Previous treatment included physical therapy, chiropractic therapy, rest and medications. In a progress note dated 6-15-15, the injured worker complained of ongoing pain that was unchanged. Physical exam was remarkable for lumbar spine with tenderness to palpation and decreased range of motion with flexion, tightness in the upper trapezius and throughout the upper musculature between the scapula and 5 out 5 strength to bilateral lower extremities and intact sensation. The injured worker's posture had a significant head forward position. The injured worker walked with an antalgic gait. Current diagnoses included degeneration of lumbar intervertebral disc, sprain of hip and sciatica. The treatment plan included increasing dosage of Gabapentin and Ultram, continuing Lidoderm and requesting authorization for the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 60 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-32. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 6 Pain, suffering and Functional restoration pg 113-114.

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.

Decision rationale: The claimant has a history of a work injury occurring in July 2013. Treatments have included chiropractic care, physical therapy, and medications. He had been unable to tolerate modified work due to pain. An MRI of the lumbar spine is reported to have shown findings of an L4-5 disc herniation causing right-sided sciatica. When seen, he was having neck, low back, right buttock, and right lower extremity pain rated at 7/10. Medications included Norco being taken at a total MED (morphine equivalent dose) of 10 mg per day. Physical examination findings included a BMI over 31. He was in no acute distress. There was an antalgic gait. He had positive right straight leg raising. In terms of 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, the claimant has right sided sciatic symptoms and a lumbar disc herniation. Other treatments such as an epidural steroid injection have not been provided and the claimant has not been assessed for possible surgical management. He is not taking opioid medication at greater than 120 mg per day. The presence of disabling pain is not documented and the claimant has not exhausted other treatments that might be effective in treating the underlying disc herniation. A functional restoration program is not medically necessary at this time.