

Case Number:	CM15-0145226		
Date Assigned:	08/06/2015	Date of Injury:	04/18/2011
Decision Date:	09/04/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 61 year old male who sustained an industrial injury on 4-18-2011. He had slipped and landed on his low back and hand. He has reported pain in the low back and right wrist and has been diagnosed with low back pain, hand pain, and spinal stenosis lumbar. Treatment has included medications, injections, medical imaging, and physical therapy. Range of motion to the lumbar spine was limited in all planes. Range of motion was further limited in flexion, lateral bending, and rotation bilaterally. Facet loading was positive for pain. Straight leg raise test was negative bilaterally for radicular signs and symptoms until 60 degrees. Femoral stretch test was positive left side indicative of left L3-4 pathology. There was muscle guarding to the left side from T12-L3 with tenderness to palpation. There was tenderness to palpation over the left piriformis muscle. The treatment plan included interdisciplinary pain management. The treatment requests included interdisciplinary pain management evaluation, functional restoration program, and cardiology clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inter Disciplinary pain management evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 7, page 112,127.

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

Decision rationale: As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement, can be done during initial evaluation. 2) Failure of prior chronic pain treatment Fails criteria. There is no proper documentation of complete prior treatment attempted thus far. 3) Loss of function due to pain Meets criteria although details of functional loss is not fully documented. 4) Not a candidate for surgery. There is no documentation as to why patient is not a surgical candidate. 5) Motivation to change Fails criteria, Pt appears depressed and has stated and there is notes stating patient is not keen on FRP. Depression should be treated prior to attempt of FRP. 6) Negative predictors for success has been addressed, Fails criteria. Patient appears to have some psychological issues that need to be addressed for maximal success of FRP. Patient has yet to fail conservative therapy and treatment of his psychological issues to recommend FRP. Initial evaluation for Functional Restoration Program is not medically necessary.

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

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

Decision rationale: The patient had failed criteria for initial evaluation for a functional restoration program. Therefore also fails criteria for a full FRP program. The requested functional restoration program is not medically necessary.

Cardiology clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. 2004.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has cardiovascular disease and other medical problems and request was clearance for functional restoration program. FRP was denied by Utilization Review and this review. Patient has his own primary physician who may manage the patient's medical issues. Since FRP was denied, cardiology clearance is not medically necessary.