

Case Number:	CM15-0147046		
Date Assigned:	08/10/2015	Date of Injury:	03/15/2014
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 3-15-14. He has reported initial complaints of severe sharp low back pain that radiates to the left lower extremity (LLE) after bending over to pick up a ramp. The diagnoses have included lumbar disc protrusion with moderate to severe central canal stenosis and left lumbar radiculopathy. Treatment to date has included rest, medications, work modifications, physical therapy, epidural steroid injection (ESI), cane, transcutaneous electrical nerve stimulation (TENS), psychotherapy and chiropractic. Currently, as per the physician progress note dated 6-25-15, the injured worker complains of constant low back pain and left leg symptoms. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Lyrica, Norco and Naproxen. There is no previous diagnostic reports noted in the records and there is no previous therapy sessions noted in the records. The objective findings reveal that he is antalgic on the left and ambulates with the assistance of a quad cane. He has decreased sensation to light touch in the left L5 and S1 dermatomes. He has weakness in the left dorsi-flexor and a positive modified straight leg raise on the left. The physician notes that the injured worker saw a neurosurgeon who recommended surgery however, the injured worker prefers not to pursue surgical intervention. The physician noted that he has failed extensive conservative care and the physician requested treatment included Functional restoration program 5 days a week for 6 weeks as this likely represents his best opportunity to improve his functional abilities and return to some type of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 5 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

Decision rationale: The patient in this case has a complicated history of pain and failed conservative treatment, and a request has been made for use of a functional restoration program. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. Evidence is stronger in low back pain in comparison to other chronic pain scenarios when considering use of functional restoration programs, and as this patient may face surgery but would like to avoid operative intervention, this is a reasonable approach. While a functional restoration program may be a treatment modality for consideration, the initial request for six weeks was reasonably modified by utilization review to two weeks in order to facilitate objective measure of benefit before considering continued treatment, and therefore based on the current guidelines and the provided case documents, implementation of a functional restoration program at this time is not medically necessary as initially requested, but is appropriate per UR modification.