

Case Number:	CM15-0148580		
Date Assigned:	08/11/2015	Date of Injury:	01/17/2003
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 01/17/2003. The injured worker was diagnosed with lumbago, lumbosacral spondylosis and acquired spondylolisthesis. Treatment to date has included diagnostic testing, chiropractic therapy, acupuncture therapy, physical therapy, aquatic therapy, lumbar epidural steroid injection, bracing, lumbar facet injections, spine surgeon consultation and medications. According to the primary treating physician's progress report on June 24, 2015, the injured worker continues to experience low back pain radiating into the bilateral lower extremities. The injured worker rates his pain level at 5-6 out of 10 on the pain scale. Examination demonstrated pain to palpation at L5-S1 with palpable paraspinal muscle spasm. Flexion and extension were documented at 50% of normal and bilateral lateral bending was 60% of normal. Motor strength was 5 minus out of 5 in the bilateral gastrocnemius otherwise 5 out of 5 proximally and distally. Sensation to light touch in the bilateral lower extremities was intact with positive straight leg raise at 90 degrees extension causing back and leg pain. Deep tendon reflexes were equal and present bilaterally at the knees and ankles. The injured worker works part time as a bus driver. Current medications were listed as Naproxen, Mirtazapine and Lidoderm patches. Treatment plan consists of continuing with medications, authorized cognitive behavioral therapy (CBT) sessions to be scheduled and the current request for an initial evaluation for functional restoration program (FRP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation Functional Restoration Program within MPN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-33.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve, is not a candidate for surgery as well as has failed other prior conservative measures. The request for a functional restoration program evaluation is medically necessary.