

Case Number:	CM15-0149862		
Date Assigned:	08/12/2015	Date of Injury:	01/09/2015
Decision Date:	09/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation

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 28-year-old male, who sustained an industrial injury on 1-09-2015. He reported pain in his low back and flank, radiating to his right buttock, resulting from lifting a wheelbarrow and twisting. The injured worker was diagnosed as having sciatica, degeneration of lumbar or lumbosacral intervertebral disc, and lumbar disc displacement without myelopathy. Treatment to date has included diagnostics, physical therapy, home exercise program, massage therapy, chiropractic, and medications. Currently, the injured worker complains of persistent and chronic low back pain. He reported improvement with treatment but he continued to have pain with increased activity. He did not feel that he could return to his full duty of work. He was not working, noting modified duties unavailable. Medication use included Gabapentin, which did help with pain and function. Magnetic resonance imaging of the lumbar spine was documented to show degenerative disc and facet disease at T12-L1. Physical exam noted morbid obesity. No abnormalities were noted with his gait and station. Muscle tone was normal in all extremities. Muscle strength was 5 of 5 in all groups. Spasm and guarding was noted in the lumbar spine. Range of motion of the lumbar spine was decreased by 20-30%. Motor strength was decreased with right foot dorsiflexion and right leg extension, compared to the left lower extremity. Sensations were decreased to light touch along the right lateral calf, compared to the left lower extremity. The treatment plan included an initial evaluation for a functional restoration program. It was documented that he had persistent pain with physical restrictions, wished to avoid medications and-or invasive treatments, and was frustrated and dealing with pain poorly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at Northern California Functional Restoration Program: 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): 49. Decision based on Non-MTUS Citation ACOEM, Practice Guidelines second edition 2004, Chapter 7, page 127.

Decision rationale: The patient was injured on 01/09/15 and presents with low back pain which radiates to his right buttock. The request is for an INITIAL EVALUATION AT NORTHERN CALIFORNIA FUNCTIONAL RESTORATION PROGRAM. The utilization review rationale is that "the patient is able to perform normal duties at home and modified duties at work, he is not considered unable to function independently. Also, the patient has undergone some conservative therapy approaches with benefit; and other forms still exist for the patient." The RFA is dated 07/21/15 and the patient is not working. MTUS Guidelines, Functional Restoration Program, page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. ACOEM Practice Guidelines second edition 2004, page 127, has the following, "occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, lumbar disc displacement, and sciatica. Treatment to date includes diagnostics, physical therapy, home exercise program, massage therapy, chiropractic, and medications. According to the 07/17/15 report, the patient "states that construction type of work requires heavy lifting and repetitive bending which would aggravate his pain. Patient reports that he has completed all massage and chiropractic treatment which has helped some but he continues to have residual pain and feels that with increased activity his pain level does increase. Patient would benefit from a multidisciplinary program given the fact that he continues to have persistent pain, exhibit field coping mechanisms and has not been able to return back to full duty work." The 07/17/15 supplemental report states that the "patient does have significant functional limitations secondary to chronic pain. He reports that walking for prolonged periods, sitting for prolonged periods, exercising or heavy lifting and also repetitive bending does aggravate his pain. He is restricted to lifting 10 lbs. He is completely restricted in squatting. He is completely restricted in kneeling. He is restricted to no crawling no climbing of stairs and ladders. The patient notes that he would like to avoid any surgery or spinal injections at this time. The patient is motivated to change and is willing to forego secondary gains including disability payments to affect this change. The patient does not appear to have a negative relationship with the employer/supervisor. He did not have

poor work adjustment or satisfaction. He did not have a negative outlook about future employment." Given the patient continues to have chronic low back pain and meets MTUS Guidelines for a functional restoration program, an evaluation to determine the patient's candidacy is medically necessary.