

Case Number:	CM15-0161396		
Date Assigned:	08/27/2015	Date of Injury:	12/27/2007
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This is a 43-year-old female who sustained an industrial injury on 12-27-2007. Diagnoses include failed back syndrome; status post L5-S1 anterior lumbar interbody fusion (3-4-09); lumbar disc displacement; lumbar radiculopathy; and lumbar pain, non-specific. Treatment to date has included medications, physical therapy (PT), epidural steroid injection, spinal fusion, chiropractic and home exercise program. According to the progress notes dated 7-27-2015, the IW (injured worker) reported lumbar spine pain. On examination, range of motion was decreased and there was tenderness in the lumbar spine. Straight leg raise was positive on the left. Patellar reflexes were 2 out of 2 and gait was antalgic. The treatment plan called for a functional restoration program due to the IW's chronic disabling occupational muscular disorder and an internal medicine consultation due to stomach upset caused by medications. A request was made for a functional restoration program, low back, per 07/27/15 order and a consultation with an internal medicine physician GI (gastrointestinal) tract per 07/27/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, low back per 7/27/15 order: 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 Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration for work status change for this chronic 2007 injury as the patient has remained functionally unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological evaluation documenting necessity for functional restoration program. The functional restoration program, low back per 7/27/15 order is not medically necessary and appropriate.

Consultation with Internal Medicine physician per 7/27/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM and MTUS are silent on internal medicine consult as it relates to industrial injury of low back pain; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms except for vague stomach upset as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. There is no documented failed medication treatment or conservative approach noted. Additionally, submitted reports have not adequately demonstrated evidence of specific prolonged use of instigating medication to cause any internal organ concerns, lab or imaging confirmed diagnosis, nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled or treated internal medicine issues. The Consultation with Internal Medicine physician per 7/27/15 order is not medically necessary and appropriate.