

Case Number:	CM15-0183136		
Date Assigned:	09/24/2015	Date of Injury:	09/06/2012
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, 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:

He sustained the injury when he stepped on an irrigation pipe, twisted his ankle and fell. The diagnoses include lumbar spondylosis, lumbar radiculopathy and chronic pain due to trauma. Per the doctor's note dated 9/24/15, he had complaints of low back pain with radiation to the bilateral lower extremities. Per the progress report dated 8/20/15 he had complaints of low back pain with radiation to the bilateral lower extremities, more on the right. Physical therapy and lumbar epidural steroid injections provided short lasting pain relief. The pain was rated 8 out of 10. Physical examination revealed tenderness to palpation of the lumbar paraspinals and over the sacroiliac joints, decreased range of motion due to pain and a mildly antalgic gait. Since the injury he has been able to walk 20 minutes and sit 30 minutes before pain starts. He was able to lift up to 10 pounds and has difficulty bending forward, crouching and twisting. The medications list includes cyclobenzaprine and naproxen. He has had MRI of lumbar spine dated 8-14-14 which showed some dehydration and desiccation at 3-4 and 4-5 and a very small protrusion bulge at 3-4 and a posterior high intensity zone at 4-5, otherwise the MRI was normal. Treatments have included: medication, physical therapy, aqua therapy, chiropractic adjustments and one lumbar epidural steroid injection that provided 6 weeks of improvement. Request for authorization was made on 8-20-15 for a functional restoration program assessment. Utilization review dated 9-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program assessment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery." Per the records provided patient sustained injury in 2012 and he had chronic low back pain at 8/10. He has objective findings on the physical examination- tenderness to palpation of the lumbar paraspinals and over the sacroiliac joints, decreased range of motion due to pain and a mildly antalgic gait. Patient has tried conservative therapy including medication, physical therapy, aqua therapy and chiropractic adjustments and continues to have chronic pain. It is medically appropriate to perform an evaluation/assessment prior to joining functional restoration program. The request of Functional Restoration program assessment is medically appropriate and necessary for this patient.