

Case Number:	CM15-0183957		
Date Assigned:	09/24/2015	Date of Injury:	08/12/2013
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 35 year old male with an industrial injury dated 08-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, chronic pain syndrome, opioid tolerance and opioid induced hyperalgesia. According to the progress note dated 07-10-2015, the injured worker reported throbbing sensation in the low back with referred pain down the buttocks. Objective findings (6-08-2015 to 7-10-2015) revealed mild distress, significant pain with lumbar extension, positive slump testing on the left side and decreased sensation to light touch in the left medial calf. The treating physician reported that the Magnetic Resonance Imaging (MRI) of lumbar spine on 04-06-2014 revealed bilateral neural foraminal narrowing at L5-S1 with 3 millimeter posterior central canal protrusion. L4-L5 revealed a mild annular disc bulge with mild neural foraminal narrowing. According to the progress note dated 08-08-2015, the injured worker reported throbbing sensation in the low back with referred pain down the buttocks. The treating physician reported that since last visit, the injured worker has had an extreme exacerbation of bilateral low back pain to the point where he is unable to turn and twist. The injured worker is having difficulty with activities of daily living tasks including getting in and out of shower and off of the toilet. The injured worker functional limitations are limited by 80% of normal. Physical exam revealed that the injured worker is unable to bend forward, unable to stand or sit greater than 15 minutes at a time, unable to tie his shoes and unable to forward flex greater than 10% of normal. Treatment has included diagnostic studies, prescribed medications, greater than 16 physical therapy sessions, lumbar epidural steroid injection (ESI), chiropractic treatment, home

exercise program and periodic follow up visits. The injured worker is working full time without modifications at this time. Request for authorization dated 08-08-2015, included requests for functional restoration program evaluation. The utilization review dated 08-26-2015, non-certified the request for functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: MTUS Guidelines support multidisciplinary evaluations for potential candidacy in proven successful chronic pain programs. It is adequately documented that this individual meets the criteria for an evaluation. It is documented that this individual has failed invasive procedures and not other procedures are planned in the foreseeable future. There has not been a request for an actual entrance into a chronic pain program at this point in time, but the Guidelines standards for such a program can be applied if actual entrance into a program becomes an actual request. At this point in time, the request for a multidisciplinary evaluation is supported by Guidelines and is medically necessary.