

Case Number:	CM15-0186460		
Date Assigned:	09/28/2015	Date of Injury:	04/21/2014
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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, Illinois

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 33 year old male, who sustained an industrial injury on 4-21-2014. The injured worker is being treated for bilateral L5 radiculopathy, neuropathic pain in the right 1st and 2nd digits, DeQuervain's tenosynovitis in the right thumb, and axial low back pain. Treatment to date has included surgical intervention (right index finger open reduction internal fixation (ORIF) and extensor tendon repair, 4-21-2014), medications, physical therapy, injections, chiropractic care and diagnostics. Per the Primary Treating Physician's Progress Report dated 8-08-2015, the injured worker reported ongoing low back pain. The pain is so severe that his activities of daily living have decreased by 70%. He reports that he has only gotten minimal treatment for the low back pain including six chiropractic treatments. Objective findings included forward flexion limited by 80%, extension to neutral only, right lateral rotation 20 degrees, and left lateral rotation 15 degrees. Lumbar facet loading maneuvers are positive and he is unable to bend forward, squat or kneel secondary to low back pain. His functionality has decreased by 90%. Per the medical records dated 3-25-2015 to 8-08-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Per the medical report dated 5-06-2015 he continues to have ongoing low back pain. Unfortunately medications are not helping at this time and his functionality continues to decrease by 50%. The plan of care included, and authorization was requested on 8-31-2015 for functional restoration program evaluation - not program. On 8- 26-2015, Utilization Review 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: The injured worker sustained a work related injury on 4-21-2014. The injured worker is being treated for bilateral L5 radiculopathy, neuropathic pain in the right 1st and 2nd digits, DeQuervain's tenosynovitis in the right thumb, and axial low back pain. Treatment to date has included surgical intervention (right index finger open reduction internal fixation (ORIF) and extensor tendon repair, 4-21-2014), medications, physical therapy, injections, and chiropractic care. The medical records provided for review do indicate a medical necessity for Functional restoration program evaluation. The medical records indicate the injured worker has continued to suffer from low back pain that limits him from activities, despite conservative treatments that include 16 sessions of physical therapy, chiropractic care, NSAIDs, opioids and home exercise program; the request is for evaluation to determine whether he is a suitable candidate for functional restoration program, not a request for treatment with functional restoration program. The MTUS criteria for Functional Restoration program include: (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. The request is medically necessary as evidenced by criterion Number 1.