

Case Number:	CM15-0191975		
Date Assigned:	10/06/2015	Date of Injury:	07/03/1994
Decision Date:	11/16/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/29/2015

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: Emergency 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 59 year old female, who sustained an industrial injury on July 03, 1994. The injured worker was diagnosed as having lumbar radiculopathy status post multiple lumbar surgeries. Treatment and diagnostic studies to date has included medication regimen, use of a cane, above noted procedures, magnetic resonance imaging, x-rays of the lumbar spine, chiropractic therapy, electrodiagnostic study, physical therapy, and psychotherapy. In a progress notes dated August 24, 2015 the treating physician reports complaints of continued pain, but the progress note did not include the injured worker's numeric pain level as noted on a visual analog scale. Examination performed on August 24, 2015 was revealing for an antalgic gait, decreased range of motion to the lumbar spine with pain, tenderness to the bilateral lumbar four to five and lumbar five to sacral one paraspinal muscles, positive straight leg raises bilaterally, low back pain with ipsilateral leg pain, deconditioning to the bilateral lower extremities, and decreased sensation to the bilateral lumbar five dermatomes. The medical records provided contained a Qualified Medical Evaluation performed on June 15, 2015 that was revealing for physical therapy that started in May of 1996 to July of 1996, but the evaluation did not indicate the quantity of visits and if the injured worker experienced any functional improvement with the prior physical therapy. The evaluation also did not include the injured worker's numeric pain level as rated on a visual scale prior to physical therapy and after physical therapy to indicate the effects of the prior physical therapy. On August 24, 2015 the treating physician requested consultation for a rehabilitation program, but the progress note did not indicate the specific

reason for the requested consultation. On August 28, 2015 the Utilization Review determined the request for one consultation for a rehabilitation program to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation for rehab program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

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

Decision rationale: As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement, Fails criteria. 2) Failure of prior chronic pain treatment, Fails criteria. There is no proper documentation of prior chronic management plan or conservative therapy attempted prior to FRP request. There are records stating that patient has not had adequate conservative care. 3) Loss of function due to pain, Fails criteria. There is no documentation concerning how patient's pain is limiting functional status. 4) Not a candidate for surgery, Fails criteria. Documentation has made claims that patient still may be a surgical candidate. 5) Motivation to change, Fails criteria. There is no documentation of assessment on patient's motivations or goals. 6) Negative predictors for success has been addressed, Fails criteria. Patient appears to have some psychological issues that need to be addressed for maximal success of FRP. Patient has yet to fail conservative therapy and treatment of psychological issues to recommend FRP. Functional Restoration Program is not medically necessary.