

Case Number:	CM15-0192283		
Date Assigned:	10/06/2015	Date of Injury:	04/10/2013
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 44 year old male who sustained an industrial injury April 10, 2013. On June 12, 2015, the injured worker underwent bilateral lumbar medial branch blocks at L3, L4 and L5. The physician documented the injured worker did not have a good response to the injections. Past treatments to date included; trigger point injection, physical therapy, acupuncture, and a TENS (transcutaneous electrical nerve stimulation) unit. According to a primary treating physician's periodic report dated August 26, 2015, the injured worker presented with constant low back pain, rated 7 out of 10. The pain is brought on by sitting, standing, walking, lying down, and nothing seems to help. He is currently taking Gabapentin, Celebrex, Topamax, and Nortriptyline. Lumbar spine examination revealed; normal contour, pelvis is level; heel to toe pattern good; paraspinal palpation from L1 to the scrum shows no areas of tenderness or spasm bilaterally; active forward flexion 45 degrees, extension 20 degrees with pain in both directions, more in extension; seated and supine straight leg raise negative bilaterally; femoral stretch testing negative; piriformis stretch and facet load tests are negative; lumbar facet stress test is positive. Impression is documented as lumbar facet arthropathy; thoracic sprain, strain; right lumbar radiculitis. Treatment plan included pending a surgical consultation, increase night dosage of Gabapentin and increase Celebrex to twice per day, continue with other medication and at issue, a request for authorization dated August 26, 2015, for a multidisciplinary evaluation to determine if appropriate for a Functional Restoration Program. According to utilization review dated September 3, 2015, the request for a multidisciplinary evaluation to determine if appropriate for a Functional Restoration Program is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation, to determine if appropriate for Functional Restoration Program: Upheld

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

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

Decision rationale: Review indicates the patient had panel QME evaluation on 7/1/14 that deemed the patient to be P&S/MMI with permanent disability and restrictions precluded from heaving activities. There was no future medical provision for FRP recommended. The patient remains not working. 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. The patient has exhausted all therapy modalities and has reached MMI per QME. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to any form of work for this chronic injury of April 2013 as the patient has remained functionally unchanged, on chronic analgesics without functional improvement from extensive treatments already rendered. There is also no psychological issue or diagnoses meeting criteria for functional restoration program. The Multidisciplinary evaluation, to determine if appropriate for Functional Restoration Program is not medically necessary and appropriate.