

Case Number:	CM15-0192893		
Date Assigned:	10/06/2015	Date of Injury:	06/09/2011
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
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: Texas, New York, 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 applicant is a represented 51-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression reportedly associated with an industrial injury of June 9, 2011. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve requests for a functional restoration program evaluation and x-rays of the lumbar spine. The claims administrator referenced an August 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 27, 2015 office visit, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Ancillary complaints of neck pain and sacroiliac joint pain were reported. The applicant was described as having issues with depression. The applicant exhibited a slightly antalgic gait. Diminished lumbar strength and range of motion was noted. A lumbar support was endorsed, along with a functional restoration program evaluation. The applicant was described as having chronic pain issues and depressive issues. The applicant had received physical therapy, manipulative therapy, acupuncture, and epidural injections over the course of the claim, it was reported. The attending provider contended that the applicant had had extensive conservative care and suggested in some sections of the note that the applicant had responded favorably to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation #1: 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): Introduction, Chronic pain programs (functional restoration programs).

Decision rationale: No, the request for a functional restoration program evaluation was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission into a multidisciplinary functional restoration program should be considered in applicants who prepare to make the effort to try and improve, here, however, there was no mention of the applicant's willingness to make the effort to try and improve on the August 27, 2015 office visit at issue. There was no mention of the applicant's willingness to forgo disability and/or indemnity benefits in an effort to try and improve on that date, for instance. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another primary criteria for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain had proven unsuccessful and there is an absence of other options likely to bring significant clinical improvement. Here, the attending provider suggested on August 27, 2015 that the applicant was receiving concurrent psychological counseling. The attending provider contended that the applicant had responded favorably to various conservative treatments, including pain medications. It was not clearly stated why the applicant could not continue rehabilitation through conventional outpatient office visits, psychological counseling, pain medications, etc. Therefore, the request was not medically necessary.

X-Rays Lumbar Spine #1: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=35145>, Guideline Title, ACR Appropriateness Criteria low back pain, Bibliographic Source(s), Davis PC, Wippold FJ II, Cornelius RS, Angtuaco EJ, Broderick DF, Brown DC, Garvin CF, Hartl R, Holly L, McConnell CT Jr, Mechtler LL, Rosenow JM, Seidenwurm DJ, Smirniotopoulos JG, Expert Panel on Neurologic Imaging. ACR Appropriateness Criteria low back pain, [online publication], Reston (VA): American College of Radiology (ACR); 2011. 8 p. [48 references], Radiographs.

Decision rationale: Conversely, the request for x-rays of the lumbar spine was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that the routine usage of plain-film radiography of the lumbar spine in the absence of red flags is deemed "not recommended," the MTUS does not address the topic of x-rays of the lumbar spine status post earlier lumbar spine surgery, as seemingly transpired here. The American College of Radiology (ACR) notes, however, that plain-film radiography has a role in the postoperative evaluation of instrumentation and fusion hardware. Here, the applicant was status post earlier lumbar spine surgery, the applicant's spine surgeon reported on August 27, 2015. The applicant's spine surgeon suggested that the plain-film radiographs in question were needed to evaluate the integrity of the previously performed fusion. Therefore, the request was medically necessary.