

Case Number:	CM15-0194781		
Date Assigned:	10/09/2015	Date of Injury:	10/17/2013
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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: Family Practice

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 43 year old male, who sustained an industrial injury on 10-17-13. The injured worker is being treated for chronic lumbar back pain with right lumbar radiculopathy. (MRI) magnetic resonance imaging of lumbar spine performed on 5-8-14 revealed broad right paracentral disc protrusion at L4-5 larger than L5-S1 with associated lateral recess stenosis and L4-5 level is worse than L5-S1. Treatment to date has included 12 physical therapy and acupuncture sessions (injured worker feels provided about 30% relief), 2 epidural steroid injections (provided no relief), oral medications including Gabapentin and Cymbalta; and activity modifications. On 8-31-15, the injured worker complains of lumbar spine pain rated 8-10 out of 10, with radiation down right leg to bottom of right foot. He is currently temporarily totally disabled. Physical exam performed on 8-31-15 revealed right S1 hypesthesia. The treatment plan included request for Cymbalta and aquatic therapy. Surgical intervention has also been suggested. On 9-8-15 request for functional restoration program was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: 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): Chronic pain programs (functional restoration programs).

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (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 to effect this change; & (6) Negative predictors of success above have been addressed. In this case, it is noted that lower levels of care such as aquatic therapy has been recommended at the time of a recent surgical evaluation. In the absence of exhaustion of conservative measures, the request for a functional restoration evaluation would not be supported. The request for Functional restoration program evaluation is not medically necessary and appropriate.