MAXIMUS Federal Services

Case Number:	CM15-0195210		
Date Assigned:	10/08/2015	Date of Injury:	10/21/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
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: Texas, Florida, 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 injured worker is a 43-year-old, male who sustained a work related injury on 10-21-14. A review of the medical records shows he is being treated for low back and left knee pain. Treatments have included more than 24 sessions of physical therapy-failed, medications opioids and non-opioid failed, lumbar epidural steroid injections-failed, and home exercise program-failed. Current medications include Norco, Naprosyn and Gabapentin. In the progress notes, the injured worker reports low back and left knee pain. He rates his pain level an 8-9 out 10. He has numbness and tingling down to his toes and states, "at nighttime the pain is so significant that it awakens him multiple times in the evening." His activities of daily living are "significantly limited." His functionality has "decreased, specifically with activities of daily living by 80%." He is unable to do chores around the house. Walking any longer than 20-30 minutes makes leg and left knee pain worse. Sitting makes his pain worse. There have been no changes in his reported pain, pain level and other symptoms in the last few visits. In the objective findings dated 8-7-15, he has positive Slump's test bilaterally. He has decreased sensation to light touch in the calf. Knee extension cause great pain. He has pain with palpation of the left medial knee bursa along with intrapatellar tendinosis. MRI of lumbar spine dated 4-13-15 per provider reveals "L5-S1 diffuse disc bulge 2-3 mm, arthrosis with fluid of the facet joint capsules, and 3 mm and 5 mm posterior facet synovial cysts, moderate stenosis with L5 nerve impingement bilaterally. At L4-5, there is disc bulge 3-4 mm and impingement of the nerve. At L3-4, there is 3-4 mm disc bulges." Left knee x-ray dated 10-12-14 reveals "tricompartmental osteoarthritis and joint effusion." She is currently not working. The treatment plan includes a request for a functional

restoration program evaluation. The Request for Authorization dated 8-31-15 has a request for a functional restoration program. In the Utilization Review dated 9-22-15, the requested treatment of an outpatient functional restoration program for 2 weeks (total of 50 hours of contact time) is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) outpatient functional restoration program for 2 weeks (total of 50 hours of contact time): Upheld

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): Functional restoration programs (FRPs).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127. The MTUS gives a clear role to functional restoration programs but note that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. In this case, [redacted] refers to a Multidisciplinary Evaluation, which is essential prior to considering if a functional restoration program might be effective. I searched each page of the records, and did not see one. The request is not medically necessary.