MAXIMUS Federal Services

Case Number:	CM15-0196561		
Date Assigned:	10/12/2015	Date of Injury:	12/15/2006
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 72 year old male, who sustained an industrial injury on 1-14-15. The injured worker was diagnosed as having failed back surgery syndromes; postlaminectomy syndrome- lumbar; right L5 and bilateral S1 radiculopathy, myofascial pain syndromes; lumbar disc displacement; lumbar radiculopathy. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 9-10-15 indicated the injured worker was in this office for a comprehensive visit regarding his lower back. The provider documents Objective Findings as "Lumbar examination, the straight leg raising test was positive on legs bilaterally. Myofascial trigger points were noted. Lumbar range of motion was decreased. Deep tendon reflexes were 2 out of 2. Motor strength is 5- out of 5. There is decreased sensation. Foot drop and Waddell's signs were negative." His treatment plan is to continue his pain medications of hydrocodone and Lyrica for pain control. The provider notes the injured worker is motivated and wants to participate in a program to learn techniques to better cope and manage his chronic pain condition. A PR-2 note dated 6-11-15 indicates the injured worker is a status post left L2-L3 laminectomy-microdiscectomy on 11-6-07. He has a clinical history of coronary artery disease, diabetes, hypertension and Parkinson's disease. The provider notes chronic opioid medications management with minimal use of opioids and is a status post completion of pain management agreement, and status post discussion of risks, benefits, and goals of medications management. He was prescribed Norco 5-325mg 4 times a day and Lyrica 25mg 1 tab three times a day. The provider notes the injured worker is "hesitant to undergo a lumbar epidural". On physical examination, the provider documents "He walks slowly, but without a cane. Left ankle plantar

flexors and dorsiflexors are 5 out of 5. Sensation is decreased along the left lower leg. Straight leg raise testing is positive on the left." A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-30-15 and non-certification for 1 functional restoration program evaluation. A request for authorization has been received for 1 functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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: MTUS Guidelines have very specific standards to justify the potential utilization of a functional restoration program. The Guidelines do not recommend such a program unless reasonable functional gains are desired and there has been inadequate response to care. This individual does not appear to meet these key criteria. There is a diagnosis of coronary artery disease, hypertension, diabetes mellitus and Parkinson's disease. With these co-morbities it is not clear how a functional restoration program for chronic pain would address the functional restoration aspects of his condition. It is not clear if this individual has been medically cleared by his primary physicians for any intense aerobic exercising which is an integral aspect of this type of program. In addition, the request for this program is in part for skills of coping. There is no documentation in the records reviewed of a prior adequate trial of usual and customary cognitive therapy for chronic pain. Under these circumstances, the 1 functional restoration program evaluation is not supported by Guidelines and is not medically necessary.