

Case Number:	CM15-0199454		
Date Assigned:	10/14/2015	Date of Injury:	10/22/2014
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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, 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:

This is a 23 year old male with a date of injury on 10-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 9-10-15 reports continued complaints of low back pain with numbness radiating down the lateral aspect of the left leg to the top of his foot. He states all of the toes in his left foot are numb. The pain increases with repetitive bending and lifting. He reports significant pain in his left buttock area and has difficulty in seated position. Objective findings: left lower extremity strength 4 out of 5. MRI of lumbar spine 12-26-14 shows significant L5-S1 central disc osteophyte complex with narrowing on the central canal and bilateral neural foraminal stenosis. He was told he is not a surgical candidate therefore functional restoration program is appropriate. Treatments include: medications, physical therapy, exercise and lumbar epidural steroid injection. The medication list include Gabapentin, Ibuprofen, and Flexeril. Per the note dated 9/24/15 the patient had complaints of chronic low back pain with numbness and radiation in the lower extremity. Physical examination of the lumbar spine revealed tenderness on palpation, muscle spasm, positive SLR and limited range of motion. The patient sustained the injury due to a fall from a roof.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation functional restoration program: Overturned

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): Functional restoration programs (FRPs).

Decision rationale: Initial evaluation functional restoration program. According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. In addition per the cited guidelines, criteria for the general use of multidisciplinary pain management programs, 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; (6) Negative predictors of success above have been addressed. Progress report dated 9-10-15 reports continued complaints of low back pain with numbness radiating down the lateral aspect of the left leg to the top of his foot. He states all of the toes in his left foot are numb. He reports significant pain in his left buttock area and has difficulty in seated position. Objective findings: left lower extremity strength 4 out of 5. MRI of lumbar spine 12-26-14 shows significant L5-S1 central disc osteophyte complex with narrowing on the central canal and bilateral neural foraminal stenosis. He was told he is not a surgical candidate therefore a functional restoration program is appropriate. The patient had received an unspecified number of the PT visits for this injury. The patient has chronic pain beyond the expected time for recovery. An initial one time evaluation to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time. The request for Initial evaluation functional restoration program is medically necessary and appropriate for this patient.