

Case Number:	CM15-0208476		
Date Assigned:	10/27/2015	Date of Injury:	01/16/2015
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/22/2015

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 50-year-old male who sustained an industrial injury on 1-16-2015 and has been treated for low back pain. Diagnostic tests include an x-ray 1-2015 showing "age-related changes"; an MRI 2-18-2015 showing disc degeneration of L2-3 to L4-5 with facet hypertrophy and some recess stenosis; and, an EMG 6-22-2015 showing mild sensory peripheral polyneuropathy of the lower limbs. The injured worker has been reporting low back pain with numbness, tingling, and weakness in both lower extremities with the left being worse. He reported that sitting more than 25-30 minutes, walking or standing more than 10 minutes or lifting 10-20 pounds made it worse. He had been working modified duty which involved sitting which was aggravating symptoms, and his employer presently is unable to honor his restrictions. He states he would like to resume his regular work duties. Documented treatment includes 6 sessions of physical therapy, modified duty, and, on 9-14-2015 he reported that a recent lumbar epidural steroid injection had improved his bilateral leg pain and weakness. He is presently taking Motrin, Norco and Tizanidine. The treating physician's plan of care includes an evaluation for a functional restorative program which was denied on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for a 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: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of functional restoration programs. These 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. These guidelines present 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; (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, the medical records indicate that the patient has met all of the above listed criteria to justify an initial evaluation for a functional restoration program. It is clear that previous methods to treat his chronic pain have been unsuccessful and there are no other clear options. The patient has a well-documented significant loss of ability to function independently. There is no evidence that he is a candidate for surgery. There is documentation that the patient is motivated to change and there are no negative predictors of success. Therefore, the evidence from the medical records justifies an initial evaluation for a functional restoration program. The request is medically necessary.