

Case Number:	CM15-0024640		
Date Assigned:	02/17/2015	Date of Injury:	09/27/1999
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 09/27/1999. The injured worker was reportedly struck on his neck and upper back region by falling duct work weighing between 250 and 300 pounds. The current diagnoses include low back sprain, discogenic low back pain, status post lumbar fusion from L3-5, postlaminectomy syndrome, chronic intractable pain syndrome, and L2 compression fracture status post vertebroplasty. On 10/03/2014, the injured worker presented for a follo-wup evaluation. It was noted that the injured worker had been previously treated with medication, physical therapy, exercise, and epidural injections. The current medication regimen includes morphine sulfate 15 mg, fentanyl 100 mcg, bisacodyl 5 mg, and Megace 40 mg. Upon examination, there was difficulty rising from a seated position, 30 degree forward flexion, 5 degree extension, 10 degree left side tilting, 2+ deep tendon reflexes, 5/5 lower extremity strength with the exception of 4/5 strength at the right ankle; intact sensation; mild low back pain with log roll on the right and left side; positive faber test; positive straight leg raise at 40 degrees; and tenderness to palpation over the spinous processes and paraspinal muscles of the lumbar spine. Recommendations at that time included evaluation for a functional restoration program to allow for a return to work and weaning of medication. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to A HELP Functional Restoration Program Evaluation, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state 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. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Patients should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should be addressed. In this case, it is noted that the injured worker has exhausted conservative treatment without an improvement in symptoms. However, on 12/22/2014, the injured worker was issued an approval for a referral to a HELP functional restoration program evaluation. It is unclear whether the initially authorized evaluation had been completed. The medical necessity for a repeat evaluation has not been established in this case. Therefore, the request is not medically appropriate at this time.