

Case Number:	CM15-0212539		
Date Assigned:	11/02/2015	Date of Injury:	01/17/2003
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male with a date of injury on 01-17-2003. The injured worker is undergoing treatment for chronic pain syndrome and symptomatic grade I L5 on S1 anterolisthesis with bilateral nerve radiculopathy. Physician progress note dated 09-10-2015 documents the injured worker has complaints of low back pain that radiates into both lower extremities, with intermittent numbness and tingling and burning pain in both feet. He rates his pain as a 6 on the Visual Analog Scale on average. Pain worsens with prolonged sitting for greater than 30-60 minutes and prolonged standing for greater than 15 minutes. He complains of sleep issues. There is tenderness to palpation over the lumbar paraspinal muscles from L4 through S1. Lumbar range of motion is restricted and straight leg raising test was positive bilaterally. The injured worker is trying to avoid opioid therapy. Surgery has recently been recommended but the injured worker would like to avoid surgery if at all possible. He has lost significant ability to function independently due to his chronic pain. The goal of the FRP would be to increase his range of motion of the lumbar spine, improve his tolerance for prolonged sitting and improve his tolerance for prolonged standing and walking. He is working part time in another field. Physical training goals would include developing an integrated program of cardiovascular core, resistance and flexibility training, to increase strength, increase control and strength of the lumbar core stabilizers to achieve and maintain neutral spine throughout transitional movements and functional tasks. He will increase strength in all key muscle groups. He will be able to lift 15-20 pounds and increase flexibility and increase upper extremity strength. Treatment to date has included diagnostic studies, medications, physical therapy,

chiropractic care; aquatic sessions, acupuncture and lumbar epidural injections, as well as lumbar facet blocks with provided no significant long-term benefit. Current medications include naproxen, Lidoderm patches and Mirtazapine. On 10-01-2015, Utilization Review modified the request for Functional restoration program, 160 hours to 80 hours -2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Chronic pain programs, opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: The claimant has a remote history of a work injury with date of injury in January 2003 when he was inspecting a car and had back pain. Treatments have included physical therapy, chiropractic care, aquatic therapy, medications, acupuncture, and injections. He was evaluated for participation in a functional restoration program in September 2015. He had been seen by a surgeon and surgery was not currently being recommended. He was working part-time up to 20 hours per week as a charter bus driver. He was unsure if he would be able to participate in the program without forgoing ongoing disability benefits. When seen, he was having low back pain radiating into the legs with numbness and tingling. Pain was rated at 6/10. Physical examination findings included lower lumbar tenderness with decreased range of motion. Straight leg raising was positive bilaterally. Current medications were naproxen, Lidoderm, and mirtazapine. Authorization is being requested for participation in a functional restoration program. In terms of a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, which is not present in this case as he is working part time. Criteria also include that the patient is willing to forgo secondary gains, including disability payments and the claimant is unable to commit to doing so. No opioid medications are being prescribed. A functional restoration program is not medically necessary.