

Case Number:	CM15-0224479		
Date Assigned:	11/20/2015	Date of Injury:	02/21/2014
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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 47 year old male, who sustained an industrial injury on 02-21-2014. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for lumbar spondylolisthesis. Treatment and diagnostics to date has included physical therapy, home exercise program, lumbosacral epidural steroid injections, lumbar spine MRI, and medications. Recent medications have included Ibuprofen, Nabumetone, Capsaicin cream, and Diclofenac cream. Subjective data (10-16-2015), included left ankle and lower back pain rated 10 out of 10 on the visual analog scale with no objective findings noted. The treating physician stated that the injured worker experiences no relief with use of anti-inflammatory medication, Nabumetone, or Norco. The request for authorization dated 10-21-2015 requested an initial evaluation for functional restoration program. The Utilization Review with a decision date of 10-28-2015 non-certified the request for functional restoration program x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in February 2014 when a pallet struck his left ankle and is being treated for back, left leg, and ankle pain. An MRI of the lumbar spine in October 2014 included findings of chronic L5/S1 pars defects with minimal anterolisthesis. There was left L5 nerve root displacement. Electrodiagnostic testing in March 2015 was negative. Conservative treatments referenced include acupuncture, chiropractic care, physical therapy, massage, modalities, psychotherapy, work modification, and medications. Lumbar epidural steroid injections were done in October 2014 and May 2015 with temporary benefit. When seen in October 2015, he had pain rated at 10/10. He was having depression and anxiety and was worried about the pain not going away. He was having difficulty with activities of daily living and difficulty sleeping. Physical examination findings included a body mass index of nearly 43. There was limited and painful lumbar range of motion. His sensory examination was difficult to assess. There was numbness of the left foot with pinprick testing. Authorization for a functional restoration program evaluation is being requested. 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, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has findings of left lumbosacral radiculopathy with correlating findings by MRI with temporary benefit from epidural steroid injections. An adequate trial of a first line medication for neuropathic pain is not documented. A surgical evaluation could be considered and surgery, if recommended, might result in significant clinical improvement. A functional restoration program is not medically necessary at this time.