

Case Number:	CM15-0039563		
Date Assigned:	03/09/2015	Date of Injury:	04/08/2013
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 57-year-old female, who sustained an industrial injury on 4/08/2013. She reported a low back injury due to lifting. The injured worker was diagnosed as having lumbar spondylolisthesis, sacroiliac strain/sprain, and pain disorders related to psychological factors. Treatment to date has included conservative measures, including physical therapy. Currently, the injured worker complains of chronic lumbar pain and right leg pain. She stated that medications were partially effective and reported completion of 3/4 therapy sessions. She reported that treatment was painful. She reported completion of 3/6 psychological sessions, with decreased anxiety, but was unable to return to work due to a panic attack when previously attempted. Current medications included Neurontin, Trazadone, and Mobic. Her exam noted acute distress, with an anxious, depressed, and fatigued appearance. Her gait was antalgic, right sided. Exam of the thoracic spine noted spasm and tenderness to the paravertebral muscles. Exam of the lumbar spine noted guarded and limited range of motion, spasm and tenderness of the bilateral paravertebral muscles, spinous process tenderness on L5, facet tenderness on bilateral L5, positive facet loading on the left side, positive straight leg raise on the right, and tenderness over the piriformis muscle and sacroiliac joint on the left side. Radiographic imaging reports were not noted. The treatment plan included an extension for previously authorized physical therapy session and a Functional Restoration Program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: Based on the 01/23/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 6/10. The request is for FUNCTIONAL RESTORATION PROGRAM EVALUATION. RFA not provided. Patient's diagnosis on 01/23/15 included lumbar spondylolisthesis, sacroiliac sprain/strain, psychological disturbance due to orthopedic condition and posttraumatic stress disorder from a different injury. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on flexion and extension 20 degrees. Positive lumbar facet loading on the left, and positive straight leg raise test on the right. Current medications included Neurontin, Trazadone, and Mobic. Patient is currently not working, per treater report dated 01/23/15. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including. (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain. (4) Not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. UR letter dated 02/02/15 states "Guidelines do not recommend that a patient enters in a FRP if the patient is a surgical candidate." However, per progress report dated 01/23/15, treater states the patient "Has been offered ESI's and surgery, but she has declined for fear of needles and worse outcome. Her psychological symptoms are so prominent at this point, I opine that injections would not provide significant benefit an evaluation for FRP is medically necessary to further evaluate barriers that continue to delay and impede recovery. She has failed piecemeal approach and requires evaluation to get back to the job that is waiting for her." Treater is requesting an initial evaluation which is recommended and necessary prior to considering participation in a FRP. In this case, the patient has persistent chronic pain, for which MTUS supports functional restoration program. The request is for an evaluation to determine the patient's candidacy. Therefore, the request IS medically necessary.

Continued physical therapy once per week for one week for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 01/23/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 6/10. The request is for CONTINUED PHYSICAL THERAPY ONCE PER WEEK FOR ONE WEEK FOR THE LUMBAR SPINE. RFA not provided. Patient's diagnosis on 01/23/15 included lumbar spondylolisthesis, sacroiliac sprain/strain, psychological disturbance due to orthopedic condition and posttraumatic stress disorder from a different injury. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on flexion and extension 20 degrees. Positive lumbar facet loading on the left, and positive straight leg raise test on the right. Current medications included Neurontin, Trazadone, and Mobic. Patient is currently not working, per treater report dated 01/23/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." UR letter dated 02/02/15 states "the patient is doing physical therapy and the physical therapy is painful." However, per progress report dated 01/23/15, treater states the patient "has done physical therapy and psychological counseling. She reports the treatments are painful but improvement in flare up management and the educational aspects of the therapy help her understand her pain condition." The patient has completed 3 of 4 physical therapy sessions. In this case, the patient continues with pain and treater has documented benefit. The request to complete final session of physical therapy appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.