

Case Number:	CM15-0044992		
Date Assigned:	03/17/2015	Date of Injury:	06/06/2009
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California, Florida
 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 52-year-old female who reported injury on 06/06/2009. The mechanism of injury was due to flinching while a rubber band hit her in the back. The medications included gabapentin, cyclobenzaprine, Flexeril, venlafaxine, Doculace, buprenorphine, metformin, hydrochlorothiazide, pravastatin sodium, promethazine, enalapril maleate and furosemide. The surgical history included a lumbar spine surgery. The diagnostic studies included an MRI of the lumbar spine on 05/07/2013. Other therapies included cognitive behavioral therapy, and physical therapy and medications. The documentation indicated the injured worker had severe back and bilateral leg pain. The injured worker had lateral foot numbness and tingling and lateral calf numbness and tingling. The injured worker's tolerance for sitting was approximately 15 to 20 minutes and tolerance for walking was 20 to 30 minutes. The physician documented there seemed to be no secondary gain issues. The injured worker was not able to perform much of her activities of daily living secondary to chronic pain. The request was made for an initial [REDACTED]. The documentation indicated the request was made for the thorough evaluation including baseline functional testing so a follow-up with the same test could be noted. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement including physical therapy, home exercise program, medication management, acupuncture, massage, injections, and cognitive behavioral therapy. The documentation indicated the injured worker had lost a significant ability to function independently resulting from chronic pain. The request was made to hopefully avoid surgery. The injured worker exhibited motivation to change and was willing to forego secondary gains. Negative predictors of

success were addressed per the documentation. As such, the request was made for 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:

I initial evaluation for Functional Restoration Program: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement. Additionally there should be documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the injured worker is not a candidate for surgery or other treatments would clearly be warranted, documentation of the injured worker having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. The clinical documentation submitted for review supported the necessity for a Functional Restoration Program Evaluation. Given the above, the request for 1 initial evaluation for Functional Restoration Program is medically necessary.