

Case Number:	CM15-0046001		
Date Assigned:	03/18/2015	Date of Injury:	08/05/2012
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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 was a 53 year old female, who sustained an industrial injury, August 5, 2012. The injured worker previously received the following treatments was initial pain management evaluated on July 9, 2013, orthopedic surgical consultation, lumbar spine MRI, Norco, Flexeril and Omeprazole. The injured worker was diagnosed with lumbar strain/sprain, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, muscle, ligament and fascia disorder not otherwise specified, lumbar stenosis and low back pain. According to progress note of February 23, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain 7 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as aching, constant, pressure pain, associated with numbness, tingling and needles and pins sensation in the lower extremities. The pain was interfering with the injured worker's ability to perform activities of daily living. The injured worker was initial pain management evaluated on July 9, 2013. At which time additional treatment was recommended including acupuncture, lumbar brace, physical therapy and home exercise program. The injured workers chronic, the injured worker developed psychosocial sequelae that limited the injured workers function and recovery after pain and recovery after the initial incident, including anxiety, fear-avoidance, depression and sleep disorders. The physical exam noted the injured worker appeared to be anxious and depressed. The injured worker walks with an antalgic gait. The range of motion was restricted to the lumbar spine. Lumbar facet loading was positive on the left side. The straight leg testing was positive on the left side and in a sitting position. The treatment plan included 1 evaluation for functional restoration program on February 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for functional restoration program: Overturned

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

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

Decision rationale: This patient has a date of injury of 08/05/12 and presents chronic low back pain and has psychosocial sequelae, including anxiety, fear-avoidance, depression and sleep disorders. The Request for Authorization is dated 02/15/15. The current request is for initial evaluation for functional restoration program. The treating physician states that the patient is a good candidate for a functional restoration program is requesting an initial evaluation to identify reasonable functional goals and negative predictors of success. The Utilization review denied the request stating that "the records do not support that the patient has such a significant loss of ability to function independently." The MTUS page 30 to 33 recommends functional restoration programs and indicates 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 treatment would clearly be warranted, 5. The patient exhibits motivation to change, 6. Negative predictors of success above have been addressed. In this case, the treating physician is requesting an initial evaluation which is recommended and necessary prior to considering participation in a FRP. The patient is not considering surgery and has tried most conservative treatments including physical therapy and medications without much benefit. The evaluation IS medically necessary.