

Case Number:	CM15-0046817		
Date Assigned:	03/19/2015	Date of Injury:	09/10/2011
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/13/2015

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 28-year-old female, who sustained an industrial injury on September 10, 2011. She reported a burning sensation in her low back and numbness in her right leg. The injured worker was diagnosed as having chronic pain syndrome, L4-5 disk protrusion with an annular fistula, lumbar stenosis, lumbar radiculitis, lumbar facet arthropathy and L5-S1 disk bulge with annular fistula. Treatment to date has included diagnostic studies, lumbar epidural steroid injections, radiofrequency ablation procedure and medications. On February 5, 2015, the injured worker complained of pain in her low back described as constant, pulsating and sharp. She rated the pain as a 7-8 on a 1-10 pain scale. She reported numbness in her right leg and shooting pain into her left leg with prolonged walking. She occasionally feels weakness and numbness in her right leg. Factors that aggravate her pain are weather changes and activities. Relieving factors are changes in position and medication. The treatment plan included medications and an assessment for Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive multidiscipline assessment for asciepius pain management Spanish language Functional restoration program (chronic low back pain): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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

Decision rationale: The patient presents with pain in the right leg and low back, rated 7-8/10. The request is for COMPREHENSIVE MULTIDISCIPLINE ASSESSMENT FOR ASCLEPIUS PAIN MANAGEMENT SPANISH LANGUAGE FUNCTIONAL RESTORATION PROGRAM (CHRONIC LOW BACK PAIN). Physical examination to the lumbar spine on 02/05/15 revealed tenderness to palpation to the paraspinal muscles and facet joints. Range of motion was decreased in all planes. Patient had a lumbar ESI on 01/13/12, which provided 60% relief in pain. Per 01/06/15 progress report, patient's diagnosis include back pain, lumbar, with radiculopathy, right, degenerative facet disease, lumbar spine, degenerative disc disease, lumbar spine, lumbar disc placement, and insomnia, chronic. Patient's medications, per 12/01/14 progress report include Hydrocodone, Skelaxin, Ibuprofen, and Prilosec. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, pages 30-32, under Chronic pain programs (functional restoration programs), lists the Criteria for the general use of multidisciplinary pain management programs and states all criteria must be met. The criteria include "The patient has a significant loss of ability to function independently resulting from the chronic pain" and "The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change." Negative predictors of success above have been addressed including: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. The progress report dated 02/05/15, treater states that the patient is very motivated to get better, continue working, and be active with her children and that she may avoid surgery as a result of participating in the program. The request is for an assessment to determine the patient's candidacy to address the patient's chronic pain and disability. There is no reason not to allow an evaluation since functional restoration programs are supported by MTUS. The request IS medically necessary.