

Case Number:	CM15-0050455		
Date Assigned:	03/23/2015	Date of Injury:	06/06/2009
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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 51 year old female, who sustained an industrial injury on 6/6/09. She reported low back pain and lower extremity pain. The injured worker was diagnosed as having post-laminectomy syndrome, sciatica and sacrum disorders. Treatment to date has included L4-5 fusion, physical therapy, acupuncture, massage therapy and oral medications. Currently, the injured worker complains of severe bilateral leg pain with bilateral foot numbness and tingling and lateral calf numbness and tingling and constant low back pain. Physical exam noted decreased lumbar range of motion, decreased sensation in dermatomes and spasm and guarding of lumbar spine. The treatment plan included continuation of gabapentin and referral for functional restoration program initial evaluation.

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 multidisciplinary pain management programs Page(s): 31 and 32.

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

Decision rationale: The patient presents with back and bilateral leg pain. The request is for INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM. The request for authorization is not provided. Initially she was only having right leg pain, however, over the past 6 months she stated developing bilateral leg pain radiating all the way to her feet. She has a tolerance for sitting about 15-20 minutes, walking about 20-30 minutes, and lifting about 5-10 pounds. Bending forward is always very difficult for her. She cannot do her housework because of her pain, she needs help with showering and clothing, and she cannot do her hair. She is depressed and anxious, and has had cognitive behavioral therapy, a neuropsychological evaluation and a psychological QME. Her pain affects her sleep. Past treatment includes physical therapy that helps some, acupuncture that helps some, medication that certainly helps, massage therapy that helps, but chiropractic treatments is denied. The patient is morbidly obese. Current medications include Gabapentin, Cyclobenzaprine, Venlafaxine, DocQLace, Buprenorphine, Gralise, Metformin, Pravastatin, Promethazine, Enalapril and Furosemide. The patient is on modified work. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated, 02/06/15, treater's reason for the request is "She has had and failed basically conservative therapy. She has significant functional limitations, difficulty with housework and sitting and lifting. I do think that her tolerance for activity with a decrease in medication could be a reasonable goal." The treater also states, "improvement in her sleep habits and improvement in her activity would also not only help her chronic pain that perhaps allow her to lose some weight." Given the patient's persistent, chronic symptoms, and support from MTUS for FRP, evaluation to determine the patient's candidacy is reasonable. The request IS medically necessary.