

Case Number:	CM15-0051988		
Date Assigned:	03/25/2015	Date of Injury:	11/03/2008
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/18/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old male, who sustained an industrial injury on 11/3/08. He reported neck and low back pain with occasional radiation to the leg. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, lumbar disc displacement without myelopathy, and psychogenic pain. Treatment to date has included L4-5 decompression bilaterally with medial facetectomy and foraminotomy on 1/7/13. A physician's report noted the injured worker's condition worsened post-operatively developing numbness and radicular pain in bilateral lower extremities. Other treatment included physical therapy, massage, lumbar epidural steroid injections, and a medial branch block on 8/5/14. A MRI performed on 3/18/13 was noted to have revealed moderate bilateral facet arthropathy at L3-4 resulting in mild narrowing of the central canal. Arthropathy at the facets from L2-S1 was also noted. Currently, the injured worker complains of back and leg pain with numbness and burning to bilateral thighs. The treating physician requested authorization for a functional restoration program to reduce narcotic medication usage, improve activities of daily living, and to possibly return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs; Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31 and 49.

Decision rationale: Functional Restoration Program is not medically necessary. Ca MTUS page 49 states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Page 31 of MTUS guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness; There is lack of documentation of benefit from previous programs including physical therapy, and massage therapy; therefore, the requested service is not medically necessary.