

Case Number:	CM15-0082565		
Date Assigned:	05/05/2015	Date of Injury:	11/14/2014
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 47 year old female who sustained an industrial injury on 11/14/14 when she was hit directly in the low back and gluteal area by a large steel bin. She had constant left low back pain exacerbated by movement. There was tenderness on palpation of the bilateral paraspinals at L3-5. The initial diagnosis was sprain lumbar spine; contusion. She was given Toradol, injection, nabumatone, cyclobenzaprine, hot/cold therapy pack, lumbar support and chiropractic treatments. She currently (3/19/15) continues to complain of substantial low back pain that extends to the upper back as well as down the left leg. Her pain level is 8/10. She notes limited activities of daily living but there are no specifics indicated. She takes methacarbamol and Tylenol / Advil without benefit and on 2/5/15 was given a trial of Lodine and Flexeril in place of current regimen. The effect of these new medications was not documented. On physical exam there was severe restriction of lumbar flexion and extension and nonmyotomal weakness; minimal with gait dysfunction. Diagnoses include low back pain, secondary to contusion; multi-level disc bulging; rule out sacroiliac joint pain and lumbar radiculitis. She had electromyography and nerve conduction study of the bilateral lower extremities with normal results; lumbar MRI (1/7/15) revealed mild disc bulges at L3-% and L5-S1. Treatments to date include physical therapy with limited relief; pharmacotherapy; ice; heat. In the progress note dated 3/19/15 the treating provider's plan of care includes a functional restoration program evaluation and treatment with the goal of trying to get the injured worker back to a functional level where she can return to work and to overcome her pain apprehension. She remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, lumbar spine, per 03/19/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 49, Functional Restoration Program.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program. MTUS guidelines state the following: Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The goals of the program are to help the individual re-assume primary responsibility for their well-being. According to the clinical documentation provided and current MTUS guidelines; a Functional Restoration Program is medically necessary.