

<b>Case Number:</b>	CM15-0088139		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/04/2000
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male, who sustained an industrial injury on 10/4/2000. He reported initial complaints of back injury. The injured worker was diagnosed as having muscle spasms; lumbar spondylosis; lumbar radiculopathy. Treatment to date has included status post lumbar L3-4, L4-5 and L5-S1 decompression (9/16/08); physical therapy; chiropractic therapy; braces; medications. Diagnostics included MRI lumbar spine (1/20/06); EMG/NCV lower extremities 9/29/08). Currently, the PR-2 notes dated 4/6/15-4/8/15 indicated the injured worker was being treated in the ██████ Outpatient Latino Interdisciplinary Functional Restoration Program that was initiated on 2/23/15. She has been authorized for 32 days of the recommended 32 day program and she has completed all 32 days. Patient Progress notes: She made a significant improvement in her overall status both psychologically and physically by participating fully in activities which increased her endurance and strength. The injured worker also reported a significant improvement in bladder control since medications prescribed by the urologist a month prior. She was encouraged to continue home exercise program and recommended an in-office interdisciplinary reassessment in three months to determine the appropriate recommendations and durable medical equipment: safety exercise ball, 1 pair of dumbbells, adjustable cuff weights, therapy cane, foam roller, agility ladder and stretching strap. On 4/23/15 a reassessment and DME were requested: Reassessment: 1 visit, 4 hours (office/outpatient visit, est, physician/team conference, special reports above what is usually included in medical communications, psychiatric diagnostic interview, unknown).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Reassessment: 1 visit, 4 hours (office/outpatient visit, est, physician/team conference, special reports above what is usually included in medical communications, psychiatric diagnostic interview, unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines psychological evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional restoration program <http://www.odg-twc.com/>.

**Decision rationale:** According to ODG guidelines, functional restoration program "Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in 'Delayed recovery.' This study concluded that an interdisciplinary functional restoration program (FRP) is equally effective for patients with chronic upper extremity disorders, including the elbow, shoulder and wrist/hand, as for patients with lumbar spine disorders, regardless of the injury type, site in the upper extremity, or the disparity in injury-specific and psychosocial factors identified before treatment. (Howard, 2012) See the Chronic Pain Chapter for the specific ODG Criteria highlighted in blue, for the use of multidisciplinary pain management programs." The patient attended a functional restoration program and was released with periodic follow up. There is no justification why the patient requires a follow up with a specialist and not with the patient primary care physician. Furthermore there is no rationale for requesting a 4 hours evaluation for this patient. Therefore, the request for 1 visit, 4 hours (office/outpatient visit, est, physician/team conference, special reports above what is usually included in medical communications, psychiatric diagnostic interview, unknown) is not medically necessary.