

Case Number:	CM15-0089613		
Date Assigned:	05/13/2015	Date of Injury:	11/08/2013
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: Family Practice

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 42 year old male who sustained an industrial injury on 11/08/2013. Current diagnoses include status post lumbar discectomy, lumbosacral disc injury, cervical disc injury, cervical and lumbar sprain/strain, myofascial pain syndrome, cervical and lumbar disc displacement, cervical and lumbar radiculopathy, and lumbar post laminectomy syndrome. Previous treatments included medication management, lumbar surgery, home exercise program, therapy, and injections. Previous diagnostic studies include urine drug screening, and EMG. Agreed Medical Evaluator has made provisions for lumbar and cervical surgery. Report dated 03/30/2015 noted that the injured worker presented with complaints that included constant neck pain and low back pain with radiation to the hips and buttocks. Pain level was not included. Physical examination was positive for cervical spasm, cervical tenderness and trigger points, decreased cervical range of motion and pain with flexion and extension. The treatment plan included encouraged to do home exercises, increased BuTrans, continue hydrocodone, and request for functional restoration program evaluation due to failing numerous treatments. Disputed treatments include a functional restoration program evaluation for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The request for functional restoration program evaluation has not been deemed supported. Per the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, recent evaluation has noted probable candidacy for cervical and lumbar spine surgery. In addition, the medical records do not establish that the injured worker has exhausted non-opioid medication management. The request for a chronic pain program evaluation is not supported. The request for Functional Restoration Program Evaluation for the low back is not medically necessary and appropriate.