

Case Number:	CM14-0113884		
Date Assigned:	08/01/2014	Date of Injury:	03/27/2014
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old male who reported injury on 03/27/2014. The mechanism of injury was the injured worker was logging in the mountains, lifting heavy rounds, and had an acute onset of low back pain. The medications included Baclofen, NSAIDs, and Norco. The prior treatments included physical therapy. The diagnostic studies included an x-ray of the lumbar spine which revealed degenerative changes and an MRI of the lumbar spine. The MRI revealed multiple degenerative findings with an incidental finding of a low signal intensity of the vertebral bodies. The documentation of 06/24/2014 revealed the injured worker had no change in the quality or characteristic of current complaints. The injured worker was diagnosed in a previous note with low back pain. The injured worker had episodic pain down the poster lateral portion of the left lower extremity with no difficulty with bladder or bowel function. The injured worker had a lumbar spondylosis with underlying lumbar stenosis with probable L5 radiculopathy and a cervical and thoracic strain. The injured worker had been recommended for an epidural steroid injection and indicated he did not want an epidural steroid injection or surgical intervention. The injured worker was noted to be unfit to return to work. The injured worker was noted to ambulate without difficulty. The physical examination was deferred. The diagnoses included lumbar disc protrusion with resulting lumbar stenosis and intermittent lumbar radiculopathy, lumbosacral spondylosis, and cervical and thoracic strain. The treatment plan included the injured worker would be a good candidate for treatment in a functional restoration program as the injured worker had no desire to undergo interventional treatment. The injured worker failed conservative treatment and had completed diagnostic workup. The injured worker indicated that, under any circumstance, he would not proceed with interventional treatment such as epidural steroid injections or treatment with surgical decompression. As such, the physician

opined the injured worker would be most rapidly treated in a functional restoration program. There was no Request for Authorization submitted for review for the requested intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial Evaluation at Functional Restoration Program.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

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

Decision rationale: The California MTUS Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. The clinical documentation submitted for review failed to provide documentation of the above. The injured worker was recommended to have epidural steroid injections and informed the physician he would not have the injections and did not want surgical intervention. Additionally, the injured worker failed physical therapy and functional restoration programs include aggressive therapy. There was a lack of documentation that addressed the negative predictors of success. As such, the request for 1 initial evaluation at functional restoration program is not medically necessary.