

Case Number:	CM14-0118260		
Date Assigned:	09/05/2014	Date of Injury:	11/20/2010
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family Practice and is licensed to practice in Texas & Mississippi. 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 61year old female who reported an injury on 11/20/2010. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar facet syndrome, lumbar radiculopathy, chronic pain syndrome, trigger finger 3rd digit and bursitis. Previous treatments included medication and physical therapy. Within the clinical note dated 06/27/2014, it was reported the injured worker complained of moderate low back pain with radiation down the left leg. The injured worker reported having only mild benefit from physical therapy. Upon the physical examination the provider noted the injured worker's lumbar spine revealed loss of normal lordosis with pain in the lumbar spine. The range of motion was restricted with flexion at 40 degrees due to pain and extension limited to 10 degrees due to pain. The provider noted the injured worker had tenderness to palpation of the paravertebral muscles on both sides. The provider indicated the injured worker had tenderness of the spinous process on L3, L4 and L5. The injured worker had positive lumbar facet loading on both sides. The injured worker had a positive straight leg raise on the left side. The injured worker tested positive for the faber test bilaterally. The provider noted the injured worker's light touch sensation diffuse on the left. The provider requested a Functional Restoration Program evaluation. However a rationale is not provided for clinical review. The Request for Authorization was submitted on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Program Page(s): pages 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Page(s): 30-32.

Decision rationale: The California MTUS Guidelines recommend chronic pain program, Functional Restoration Programs where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. The guidelines note a Functional Restoration Program may be considered medically necessary when all the following criteria are met including an adequate and thorough evaluation has been made, including baseline functional testing so the follow-up with the same test can note functional improvement. Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The injured worker has a significant loss of the ability to function independently resulting from chronic pain. The injured worker is not a candidate for surgery, or other treatments would clearly be warranted if a goal of treatment is to prevent or avoid controversial or optional, a trial of 10 visits may be implemented to assess whether surgery may be avoided. The injured worker exhibits motivation to change and is willing to forgo secondary gains, including Disability payments to affect this change. Negative predictor of success above has been addressed. The treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is lack of clinical documentation including baseline functional testing and there is significant lack of documentation indicating the injured worker had a significant loss of the ability to function independently resulting from chronic pain. The provider failed to indicate whether the injured worker had motivation to change and willing to forgo secondary gains. Therefore, the request is not medically necessary.