

Case Number:	CM14-0122582		
Date Assigned:	09/12/2014	Date of Injury:	03/11/2010
Decision Date:	10/21/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 Nevada. 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 records, presented for review, indicate that this 44-year-old male was reportedly injured on 3/11/2010. The mechanism of injury was noted as being hit by a car while he was walking. The claimant underwent a lumbar decompression and fusion at L5-S1 in February 2012, followed by current spinal cord stimulator implantation in July 2012. The most recent progress notes, dated 8/20/2014 and 9/3/2014, indicated that there were ongoing complaints of low back pain. Physical examination demonstrated straight leg raise was negative. There were lumbar spasm and guarding, and the patient was with an antalgic gait with the aid of a cane for ambulation. CT of the lumbar spine, dated 10/8/2013, demonstrated post-surgical findings of posterior fusion at L3-L4, L4-L5 and L5-S1 with interspinous metal device at L5-S1. The central canal was patent throughout the lumbar spine. There was no neural foraminal narrowing. Previous treatment included two lumbar spine fusions (1997, and February 2012), a spinal cord stimulator permanent implantation (July 2012), coccyx injection (February 2014) and medications. A request had been made for one functional restoration program and one urology consultation, which were not certified in the utilization review on 7/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted and are required to meet selection criteria per MTUS guidelines. The claimant has chronic low back pain after two lumbar spine fusions and a permanent spinal cord stimulator implantation after a work-related injury in March 2010. After review of the available medical records, the claimant does not meet the required criteria as there is no plan for him to return to work. In addition, there has been discussion of an intrathecal pain pump surgery. This request is not considered medically necessary.

1 UROLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WESPES E, EARDLEY I, GIULLANO F, HATZICHRISTOU D, HATZLMOURATIDIS K, MONCADA I, SALONIA A, VARDI V. GUIDELINES ON MALE SEXUAL DYSFUNCTION:ERECTILE DYSFUNCTION AND PREMATURE EJECULATION. ARNHEM(THE NETHERLANDS):EUROPEAN ASSOCIATION OF UROLOGY (EAU); 2013 MAR. 54P.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM guidelines support referral to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records documents a history of erectile dysfunction but fail to document any red flags or neurological deficits to warrant urology consultation. As such, this request is not medically necessary.