

Case Number:	CM14-0126491		
Date Assigned:	08/13/2014	Date of Injury:	07/27/2012
Decision Date:	10/15/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/09/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 61 year old with a work injury dated 7/27/12. The diagnoses include thoracic or lumbosacral neuritis or radiculitis; lumbago; sprains and strains of lumbar region; skin sensation disturbance. Under consideration is a request for initial evaluation for a functional restoration program. There is a primary treating physician report dated 7/2/14 that states that the patient is a good candidate for a functional restoration program. The patient received initial conservative treatment with oral medications and physical therapy. She continued her treatment with chiropractic sessions for her lumbar spine. An initial pain management evaluation on 2/26/2013 recommended a lumbar spine MRI, electrodiagnostic studies, oral medications, lumbar brace and a psychological evaluation. Patient has continued her treatment with acupuncture, chiropractic sessions, physical therapy and home exercise program without significant improvement. As a result of her chronic pain, patient developed psychosocial sequelae that have limited her function and recovery after the initial incident, including anxiety, fear-avoidance and depression. Patient has received Cognitive Behavioral reporting improvement on her symptoms of depression and PTSD, however, functional improvement has not been reported. Due to the lack of improvement with conservative treatment, patient was referred for an orthopedic consult on 6/11/2014. The physician stated that the patient can be deferred having surgery at this time, weight loss was strongly recommended. Patient complains of lower back pain. Patient rates the pain as 7 /10 with zero being no pain and 10 having the worst pain possible. The pain is characterized as constant, severe, aching, dull, squeezing and throbbing sensation. She has numbness and pins/needles sensation in right leg, weakness in the right leg. Her pain is worse with standing, walking, sitting, twisting, kneeling, squatting and lifting. She reports that her pain has negatively affected her ability to perform her activities of daily living.

Current physical capacity is insufficient to pursue work, family or recreational needs. On exam the patient appears to be anxious and calm. She has good communication ability. She does not show signs of intoxication or withdrawal. The patient has antalgic gait; is assisted by cane. The cervical spine range of motion is restricted. There is decreased lumbar range of motion. Straight leg raising test is positive on the right side at 45 degrees and negative on the left side at 90degrees Tenderness noted over the lumbar midline with palpation. Motor testing limited by pain; Power of knee flexors is 3/5 on right and 4/5 on left; knee extensor's is 4/5 on right and 5/5 on left. On sensory examination, light touch sensation is decreased over medial calf, lateral calf on the right side. Previous methods of conservative treatment have been exhausted. She is not interested in interventional procedures at this time including injections or surgery. Patient wants to learn active self-management techniques to treat her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for a Functional Restoration Program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: Initial evaluation for a Functional Restoration Program is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines; the guidelines do not recommend admission to a functional restoration program until an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The initial evaluation does not guarantee admission to a functional restoration program but is used as an assessment to see if the patient is an appropriate candidate. The documentation does indicate that the patient has tried previous methods of treating chronic pain which were unsuccessful. The patient has difficulty with ADLs. There is no plan for surgery currently. The patient has psychological effects from her pain and decreased function. The request for an evaluation for a multidisciplinary pain program is appropriate and the request for an initial evaluation for a Functional Restoration Program is medically necessary.