

Case Number:	CM14-0133072		
Date Assigned:	08/22/2014	Date of Injury:	08/19/2005
Decision Date:	09/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 Medicine and is licensed to practice in California. 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 43-year-old female who has submitted a claim for lumbar radiculopathy, functional decline, and chronic pain syndrome associated with an industrial injury date of August 19, 2005. Medical records from 2013-2014 were reviewed. The patient complained of lower back pain, rated 8-9/10 in severity. There was associated numbness, tingling and weakness in the legs. The pain was sharp, throbbing, dull, aching, cramping, shooting, and electric-like with muscle pain, pins and needles sensation, and skin sensitivity to light touch. The pain was aggravated by bending forward, reaching, kneeling, crawling, doing exercise coughing or straining, bowel movements, and prolonged standing, sitting, and walking. Physical examination showed limited range of motion of the lumbar spine. Motor strength was 4/5 on the right lower extremity and 3/5 on the left. Straight leg raise test was positive bilaterally. Decreased sensation was noted on the left lower extremity. MRI of the lumbar spine, dated January 14, 2010, revealed degenerative disc changes with annular fissure but no focal bulging and no focal stenosis, and L5-S1 shows degeneration with annular fissure in annulus but no focal stenosis or focal bulging indicating degenerative change with no specific findings. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and lumbar epidural steroid injections. Utilization review, dated August 13, 2014, denied the request for 32 days at a functional restoration program because it was possible that the patient was a surgical candidate, and it appears that the patient still needs to be treated psychiatrically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x30 days: Upheld

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

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

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (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) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, progress report dated June 2, 2014 states that a functional restoration program will be appropriate because she is currently at a sub-sedentary level of functional capacity while on medication. However, the medical records did not provide an adequate and thorough evaluation of the chronic pain, and baseline functional testing was also not performed. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records also did not show evidence of inability to function independently. In fact, recent progress report dated June 2, 2014 state that she is independent with grooming, bathing and dressing. Furthermore, she does some lower extremity exercises using a theraband. The guideline criteria have not been met. Therefore, the request for Functional restoration program x30 days is not medically necessary.