

Case Number:	CM14-0162573		
Date Assigned:	10/07/2014	Date of Injury:	08/16/2005
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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:

36-year-old male claimant who sustained a cumulative work injury from November 2003 three to August 2005 involving the neck and low back. He was diagnosed with multilevel degenerative disease, cervical spondylosis with radiculopathy and lumbar strain. An MRI on September 10, 2013, noted the claimant has disk desiccations in the L4 to S1 regions. He had been treated with oral as well as well as long term opioid patches. He had undergone psychotherapy for anxiety as well as trigger point and epidural steroid injections. Progress note on August 27, 2014 indicated claimant had persistent back pain. Previously, a functional restoration program was recommended by another physician. Examination findings of the timer notable for decreased range of motion in the lumbar spine, tenderness to palpation in the lower paralumbar muscle region as well as a positive straight leg test on both sides. Since the claimant had for any surgeries that treating physician recommended a Lumbar decompression/traction as well as the functional restoration program participation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 48. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Functional restoration program

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity program is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. In addition to guidelines suggest a trial of 10 visits may be implemented. Based upon the above, the request of functional restoration program for 18 sessions is not necessary.

Lumbar decompression treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the guidelines, traction/decompression has not been proven effective for lasting relief in treating low back pain. Because the evidence is insufficient and there are other treatment options for this claimant, the medical decompression or traction is not medically indicated. Therefore, the request of Lumbar decompression treatments is not medically necessary and appropriate.