

Case Number:	CM14-0214823		
Date Assigned:	01/07/2015	Date of Injury:	10/18/2012
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male patient who sustained a work related injury on 10/18/12. Patient sustained the injury due to slip and fall incident. The current diagnoses include lumbar herniated disc, depressive disorder, and chronic low back pain. Per the doctor's note dated 11/3/14, patient has complaints of low back pain with radiation to right leg, with tingling and numbness in the right leg at 7/10. Physical examination revealed positive for pain in the low back and restricted movement, difficulty falling or remaining asleep, walks without an assistive device, antalgic gait, positive lumbar facet loading maneuver bilaterally, negative Patrick's test and negative Gaenslon's maneuver, motor strength 5/5 and symmetric the bilateral upper and lower extremities, diminished sensation in the right L4, LS and S1, reflexes were symmetric. The patient has had depression and anxiety. The current medication lists include acetaminophen, Norco and Ibuprofen. The patient has had MRI of the lumbar spine on December 10, 2012 that revealed L5-S1 disc protrusion with an annular tear resulting in moderate right foraminal stenosis. He had received LESI 8/13/13 for this injury. The patient has received 16 PT and an unspecified number of chiropractic visits for this injury. He has had a urine drug toxicology report on 10/02/14 and 8/11/14 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 10 days: 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 (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (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) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." The patient has received 16 PT and an unspecified number of chiropractic visits for this injury. A response to a previous conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The pain evaluation of this patient (e.g. pain diary) was also not well documented and submitted for review. Baseline functional testing that documents a significant loss of ability to function independently resulting from the chronic pain was not specified in the records provided. The patient has increased duration of pre-referral disability time - more than 2 years. There is conflicting evidence that chronic pain programs would provide return-to-work in this kind of patient. In addition, per ODG, "The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) increased duration of pre-referral disability time; (8) higher prevalence of opioid use; and (9) elevated pre-treatment levels of pain." He has had a depressive disorder suggesting psychosocial distress which is another negative predictor of efficacy of treatment with the program. The medical necessity of the request for Functional restoration program x 10 days is not fully established for this patient.