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| Case Number: | CM14-0216196 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 09/26/2013 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/24/2014 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 41-year old female worker with a work related injury dated September 26, 2013. The injury resulted in middle back, lumbar and thoracic sprain. The physician's visit dated October 29, 2014 showed diagnoses of thoracic pain, thoracic spondylosis without myelopathy, axial low back pain and left S1 radiculopathy. The documentation of this visit did not contain the documentation of the physical exam. The plan of treatment included a request for a functional restoration program evaluation to facilitate the return to work full time. The worker was documented as working four hours per day and was continuing to have a significant decline. The rationale for the request further explained that the worker had failed to respond to physical therapy, chiropractic treatments, injection therapies and medication management with opioid and non-opioid medications. The physician's visit dated August 6, 2014 contained a physical exam, which showed pain with palpation of the thoracic paraspinal musculature and lumbar paraspinal musculature on the right and left sides. Thoracic and lumbar facet loading maneuvers were positive with pain referred to the upper back and buttocks. There was decreased sensation to light touch in the posterior thighs bilaterally. The strength testing showed hip flexion, knee extension, knee flexion, dorsiflexion, plantar flexion and EHL all rated five on a scale of five. An x-ray of the thoracic spine dated 10/28/2013 showed mild upper thoracic degenerative disc disease. A magnetic resonance imaging of the thoracic spine dated 12/18/2013 showed persistent left paracentral disc herniation at the T10-11 which measured 6X5 millimeters and was slightly increased in density from a previous exam. Diagnoses at this visit were the same as at the visit dated October 29, 2014. The utilization review decision dated December 1, 2014 non-

certified the request for a functional restoration program evaluation. The rationale for non-coverage reflected that the physician requested this to facilitate the return to work without modification on a full-time basis. The documentation dated October 29, 2014 reflected that the worker had returned to work on a full-time basis and the pain was exacerbated significantly to the point in which her walking and standing tolerance had decreased at home and activities of daily living had decreased by 50 percent due to the severity of pain. The rationale stated that the request was not medically necessary because the injured worker had been working full time since August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July.

Decision rationale: Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, the requesting physician has identified that the patient has failed numerous treatment options including medication, chiropractic care, physical therapy, and that there are no other options available. Additionally, the requesting physician has stated that the patient's condition has inhibited his ability to function at work and at home. Additionally, there is documentation that the patient is unable to participate in a home exercise program due to pain, and that the patient is willing to work full time if the pain can be more adequately controlled. The note indicates that the patient's work has been reduced to 4 hours per day as a result of the worsening of her pain. It is acknowledged, that there is no documentation of a baseline functional assessment or discussion regarding motivation to change and negative predictors of success. However, these would more appropriately be addressed during the functional restoration program evaluation process. As such, the currently requested functional restoration program evaluation is medically necessary.