

Case Number:	CM14-0217928		
Date Assigned:	01/07/2015	Date of Injury:	10/08/2011
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old female who suffered an industrial related injury on 10/8/11 after slipping and falling down stairs. A physician's report dated 5/13/14 noted the injured worker had complaints of lower back pain with radiation to bilateral legs. The pain was associated with tingling, numbness, and weakness in both legs. Diagnoses included lumbago, displacement of lumbar intervertebral disc without myelopathy, insomnia, depressive disorder, chronic pain syndrome, and opioid type dependence. Treatments include modified duty with restrictions, Anaprox, Omeprazole, Ultram, and Docusate. A physician's report dated 7/22/14 noted physical examination findings of lumbar spine tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms. No muscle atrophy was noted. Motor strength was 5/5 and symmetric throughout the bilateral lower extremities, except 4/5 on the right ankle plantar flexion and right great toe extension. . Diminished sensation in the right L5 and S1 dermatomes of the lower extremities was noted. Reflexes are symmetric at 2/4 in bilateral lower extremities but in the right patella. A physician's report dated 11/28/14 noted that the injured worker was participating in a functional restoration program. The worker was noted to be temporarily totally disabled until the completion of the functional restoration program. On 12/4/14 the utilization review (UR) physician denied the request for a functional restoration program x10 days. The UR physician noted the request is not substantiated as the additional program requested is not supported due to a lack of objective gains with function, lack of specific objective deficits and goals regarding vocational activities and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x10 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32;49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussion(Functional Restoration Approach to Chronic Pain Management); Chronic pa.

Decision rationale: The injured worker sustained a work related injury on 10/8/11. The medical records provided indicate the diagnosis of lumbago, displacement of lumbar intervertebral disc without myelopathy, insomnia, depressive disorder, chronic pain syndrome, and opioid type dependence. Treatments include modified duty with restrictions, Anaprox, Omeprazole, Ultram, and Docusate. The medical records provided for review do not indicate a medical necessity for Functional Restoration Program x10 days. Although the MTUS recommends a demonstration of functional improvement at various milestones in the functional restoration program in order to justify continued treatment, the cut-off period for assessment is two weeks. The MTUS notes that patients may get worse before they get better. Therefore, it is medically necessary and appropriate for the treatment to be continued for a total of two weeks before a decision is made to discontinue for lack of benefit.