

Case Number:	CM15-0004163		
Date Assigned:	01/15/2015	Date of Injury:	09/10/2010
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 31 year old right handed female, who sustained a work/ industrial injury on 9/10/10 as a security officer who slipped and fell down stairs sustaining bruising to the left forearm and thigh. Prior medical history was negative. She has reported pain in her low back, left hip, left knee, neck, and head. The diagnoses, per physician evaluation on 6/18/14, have included left elbow contusion resulting in myofascial pain syndrome involving the left upper extremity causing muscle spasm in the scapular region and paresthesias in the left arm; left hip contusion with consequent myofascial pain syndrome involving the left sacroiliac joint, left piriformis muscle, left psoas tendon insertion, left hip bursa, left tensor fascia latae, causing left sciatica symptoms into the left leg radiating to the calf; L5-S1 facet hypertrophy, left S1 joint dysfunction, left piriformis myofascial pain syndrome; and left knee patellofemoral chondromalacia, lateral meniscus radial tear, synovial hypertrophy. Treatment to date has included topical and oral medication, injections, chiropractic, and physical therapy. A request was made for pain management with evaluation at the [REDACTED] Functional Restoration Program x 160 hours for the left hip, thigh, and leg pain. On 12/22/14, Utilization Review non-certified [REDACTED] Functional Restoration Program x 160 hours for the left hip, thigh and leg, citing the Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Functional Restoration Program x160 hours for the Left Hip, Thigh, Leg: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Pain section, Chronic pain program

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ██████████ functional restoration program 160 hours to the left hip, thigh and leg is not medically necessary. The criteria for the general use of multidisciplinary pain management programs are enumerated in the official disability guidelines, may include, but are not limited to, the injured worker has a chronic pain syndrome with evidence of loss of function that persists beyond three months; evidence of continued use of prescription pain medications without improvement in pain or function; an adequate and thorough multidisciplinary evaluation has been made. This includes pertinent validated diagnostic testing, a physical examination that rules out conditions that require treatment prior to initiating the program, all diagnostic procedures necessary to rule out treatable pathology including imaging and invasive injections; there should be documentation of the injured worker has a motivation to change and is willing to change their medication regimen; there should be documentation of patient is aware that successful treatment may change compensation and/or other secondary gains. See the guidelines for additional details. In this case, the injured workers working diagnoses are long-term use of medications; pain in joint, pelvis and thigh; lumbar disc displacement without myelopathy; and pain in joint, lower leg. Subjectively, the injured worker complains of low back pain with radiation down her left leg to the lateral thigh. She reports weakness in the left leg. VAS pain scale is 7 - 8/10. Topical Capsaisin does not help the pain. All oral medications were discontinued last visit reporting intermittent blood emesis and urine. This is since resolved. The injured worker uses a TENS unit at night that provides relief. Objectively, the injured worker has normal muscle tone in the bilateral upper extremities and bilateral lower extremities. Muscle strength is 5/5 (normal) in the bilateral upper and lower extremities. The treating physician states lower leg flexion, extension, ankle plantar flexion and extensor hallucis longus muscle strength is 4/5. The injured worker has a chronic pain syndrome with evidence of loss of function that persisted beyond three months. However, the documentation in a recent progress note indicated there were no significant functional deficits documented, only that she had mildly decreased muscle strength in the left lower extremity rated 4/5. There were no other clinical findings objectively documented. Additionally, the claimant did not fail conservative treatment. The injured worker admits to relief of pain with chiropractic treatment, diclofenac, and a TENS unit. There is no documentation the injured worker has the motivation to change and is willing to change the medication regimen. There is no documentation the patient is aware that successful treatment may change compensation and other secondary gains. Consequently, absent clinical documentation to support the criteria for the general use of multidisciplinary pain management programs, ██████████ functional restoration program 160 hours to the left hip, thigh and leg is not medically necessary.