

Case Number:	CM15-0102101		
Date Assigned:	06/04/2015	Date of Injury:	06/07/2011
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona, 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:

The injured worker is a 44 year old male, who sustained an industrial injury on June 7, 2011. He reported neck, low back and bilateral lower extremity pain after feeling a pop when moving a box while working as a sushi chef. The injured worker was diagnosed as having post lumbar laminectomy syndrome, pain disorder with psychological factors, cervical spondylosis and multilevel discopathy, chronic bilateral lower extremity radiculopathy and insomnia. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, psychotherapy, lumbar injection, medications and work restrictions. Currently, the injured worker complains of continued neck and low back pain with bilateral lower extremity pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 9, 2014, revealed continued pain as noted. It was noted he ambulated with a normal gait without the use of assistive devices. Evaluation on April 13, 2015, revealed continued pain as noted. Radiographic imaging of the lumbar spine revealed disc bulges. Radiographic imaging of the cervical spine revealed multilevel disc osteophyte complexes. A functional restoration program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-33.

Decision rationale: According to the guidelines, 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; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant has a history and desire to improve as well as failing other prior conservative measures including therapy, psychological consultation, injections, etc. As noted on a progress note on 4/13/15 indicated the claimant had met the criteria above. The request for an FRP evaluation is appropriate and medically necessary.