MAXIMUS Federal Services

Case Number:	CM15-0012072		
Date Assigned:	01/29/2015	Date of Injury:	05/20/2002
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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, Illinois
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 63-year-old male who reported an injury on 05/20/2002. The mechanism of injury was the injured worker was lifting a heavy machine with a hoist. Surgical history was not provided. Prior therapies included medication. There was a Request for Authorization submitted for review dated 12/22/2014. The documentation of 12/10/2014 revealed the injured worker had undergone thorough conservative treatment and had an MRI of the lumbar spine, as well as an epidural steroid injection. The injured worker complained of pain in the low back. The injured worker indicated that his current level of activity was helping his 84-year-old mother and disabled brother. The documentation indicated the injured worker was unable to stand for 2 hours. The injured worker had difficulty climbing 1 flight of stairs. The injured worker had difficulty standing for 30 minutes to 1 hour. The injured worker's medications included morphine sulfate, medical marijuana, and Bayer aspirin. The physical examination revealed the injured worker had increased muscle tone in the lumbar spine. The flexion of the lumbar spine was 80 degrees. Extension was 10 degrees and painful. Lateral tilt was limited by 35% bilaterally. The sensory and motor examination in the lower extremities were nonfocal. The reflexes in the bilateral knees and ankles were 2+. Diagnoses included chronic low back pain and degenerative disc disease. The physician documented the injured worker had undergone a course of treatment including injections and physical therapy, and was made permanent and stationary. Documentation indicated the injured worker's care could be fine tuned so that he could potentially reduce or eliminate the use of substance and achieve a higher functional level. The physician opined the injured worker was a good candidate for an initial evaluation at

[redacted] Functional Restoration Program to determine whether he was able to participate in the full program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Interdisciplinary Evaluation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. The clinical documentation submitted for review indicated the injured worker had physical therapy. There was a lack of documentation, however, indicating that the injured worker had a significant loss of ability to function independently and that the injured worker was not a candidate for surgery and that negative predictors of success had been addressed. As such, failing the documentation, the injured worker would have no necessity for an evaluation for the functional restoration program. There was a lack of documentation indicating previous methods of chronic pain had been unsuccessful, and there was the absence of other options likely to result in significant clinical improvement. Given the above, the request for initial interdisciplinary evaluation for the lumbar spine is not medically necessary.