

Case Number:	CM15-0013212		
Date Assigned:	02/02/2015	Date of Injury:	10/22/2011
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on October 22, 2011. The diagnoses have included lumbar disc disorder, lumbar radiculopathy, and lumbar sprain/strain. Treatment to date has included work modifications, acupuncture, chiropractic care, and pain medication. On October 22, 2014, MRI of lumbar spine revealed lower lumbar degenerative disc disease. On December 22, 2014, electrodiagnostic studies revealed mild chronic right lumbar 5 nerve root impingement. On January 5, 2015, the treating physician noted lower back pain with consistent giving away of her left lower extremity, and as a consequence weakness of the right lower extremity. Her condition was unstable with continued flare-ups. The physical exam revealed significant decreased lumbar range of motion, absent deep tendon reflexes of the left patella/Achilles, able to heel/toe walk with some difficulty, and bilateral lower extremity hypoesthesia of the lumbar 4-5 and lumbar 5 to sacral 1 dermatomes. The treatment plan included 12 visits of functional restoration for the lumbar spine. On January 7, 2015 Utilization Review non-certified a request for 12 visits of functional restoration for the lumbar spine noting the treatment is not recommended for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve functional restoration visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. Decision based on Non-MTUS Citation Pain, Chronic pain programs (functional restoration programs)

Decision rationale: Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. (FRPs) are interdisciplinary pain programs and emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Criteria for outpatient FRP include chronic pain syndrome, failure of previous methods to treat chronic pain, documentation that the patient has motivation to change, and evaluation by an addiction clinician if substance abuse issues are a concern. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case the requested 12 visits surpasses the recommended 2 weeks of visits to determine efficacy of the program and subjective and objective gains. The request should not be authorized.