

Case Number:	CM15-0014765		
Date Assigned:	02/02/2015	Date of Injury:	10/15/2007
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported injury on 10/15/2007. The mechanism of injury was not provided. The medications included Norco, ketoprofen, and Lyrica. Other therapies included home exercises. The documentation of 12/18/2014 revealed the injured worker had pain that was aggravated with activities and cold weather. The injured worker had lumbar spine, lumbosacral tenderness to palpation with painful range of motion of the lumbar spine. Deep tendon reflexes were equal bilaterally in the lower extremities. The straight leg raise was positive on the right and negative on the left. The injured worker had EHL weakness on the right side compared to the left. The diagnoses included lumbosacral disc injury, lumbosacral radiculopathy, L5-S1 lumbosacral disc injury with tear, and abdominal contusion. The treatment plan included the injured worker was encouraged to continue home exercises and utilize medications Norco, ketoprofen, and lidocaine. The request was made for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

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. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. There was a lack of documentation indicating the injured worker had an adequate and thorough evaluation including baseline functional testing; documentation of previous methods of treating chronic pain had been unsuccessful; and there was a lack of documentation indicating the injured worker had the absences of other options likely to result in significant clinical improvement. There was a lack of documentation indicating the injured worker had addressed negative predictors of success. The request as submitted failed to indicate the duration for the requested treatment intervention. Given the above, the request for functional restoration program x1 is not medically necessary.