

Case Number:	CM15-0018261		
Date Assigned:	02/06/2015	Date of Injury:	12/13/2013
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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 50 year old male who sustained a work related injury on December 13, 2013, when he developed back pain while lifting a heavy pallet. Electromyogram studies showed evidence of sacral radiculopathy. Magnetic Resonance Imaging (MRI) of the lumbar spine revealed facet arthropathy and disc bulging. Diagnoses included lumbar radiculopathy with a right L-5 and S-1 herniated nucleus pulposus with lateral stenosis. Treatment included physical therapy, aquatic therapy, medications and epidural steroid injections. Currently, in December of 2014, the injured worker continues to complain of chronic pain to his low back and right lower extremity into his foot with numbness and tingling. He was not considered a surgical candidate and had all appropriate therapies that hadn't helped him so far. On January 8, 2015, a request for a service, [REDACTED] Interdisciplinary Pain Rehabilitation Program Evaluation-One-time Full Day was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medication Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Evaluation One-Time Full Day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page 30-34. Functional restoration pro.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. 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; (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 have been addressed. Access to programs with proven successful outcomes is required. The orthopedic surgeon's report dated 12/6/14 documented that the patient is a candidate for microdiscectomy. The MTUS criteria for functional restoration programs (FRP) requires that there is an absence of other options likely to result in significant clinical improvement, and the patient is not a candidate where surgery. Because the patient is a candidate for microdiscectomy surgery, the request for functional restoration programs (FRP) is not supported by MTUS guidelines. Therefore, the request for [REDACTED] Evaluation is not medically necessary.