

Case Number:	CM15-0110444		
Date Assigned:	06/17/2015	Date of Injury:	09/23/2013
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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 24 year old male, who sustained an industrial/work injury on 9/23/13. He reported initial complaints of head and back pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medication, diagnostic testing, and functional restoration program. MRI results were reported on 1/26/15 revealed multilevel degenerative disc disease with bulging discs and annular tears, lumbar facet osteoarthritis, and mild congenital narrowing of the spinal canal. Currently, the injured worker complains of pain in the lower back with radiation to both legs, L>R. There was associated numbness, tingling, and weakness in both legs and feet. Per the functional restoration program on 5/15/15, examination revealed range of motion to forward flexion of 40 degrees, extension of 20 degrees, and side bending of 10 degrees on the right and 15 degrees on the left. Rotation is limited bilaterally. There is tenderness to palpation over the bilateral lumbar paraspinal muscles, sciatic notch tenderness on the left, positive straight leg raise on the left in the seated position at 45 degrees, sacroiliac tenderness in the left with positive Patrick's test on the left, tenderness to palpation over the greater trochanter on the left consistent with trochanteric bursitis. There is diminished sensation in the left L4-5 dermatomes. The requested treatments include additional sessions of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Additional sessions of functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain section Page(s): 30 and 49.

Decision rationale: The chronic pain section states that the functional restoration program is utilized for chronic pain and is a medically directed interdisciplinary pain management program for chronic disabling musculoskeletal disorders which incorporates exercise and psychological treatment. A Cochrane study done showed that this type of program could improve function with lumbar pain. We also note that a patient needs to be motivated and that the therapy includes PT and occupational counseling. Our patient has chronic disabling lumbar pain that has been recalcitrant to treatment. Functional restoration program offers the best option to treat his symptoms without resorting to increasing narcotics and risking all the associated consequences. He has only had 4 treatments and it is premature to conclude that the program has not been successful. He should be afforded every opportunity to benefit from this program. Therefore, the UR decision is reversed. Therefore the request is medically necessary.