

Case Number:	CM15-0115692		
Date Assigned:	06/29/2015	Date of Injury:	06/04/2012
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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: Family Practice

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 59 year old male, who sustained an industrial injury on 6/04/2012, after a motor vehicle accident with loss of consciousness. The injured worker was diagnosed as having pain in joint (pelvis, thigh), sciatica, lumbar fracture, and sacrum disorders. Treatment to date has included diagnostics, physical therapy, aqua therapy, left hip arthroscopy, left hip injections (12/16/2014 without benefit), lumbar epidural steroid injection (10/07/2014 without benefit), and medications. Currently, the injured worker complains of chronic pain in his low back with radiation to the left lower extremity, left hip pain, and left lower extremity pain. It was noted that surgical intervention to the left hip was not recommended and the injured worker declined further injections or any surgery for the lumbar spine. He wished to continue care with conservative management of his pain. He was currently not using oral medication and reported gastric upset with the use of Celebrex and Gabapentin. He was authorized for psychology consultation but this was not yet scheduled. He experienced depression and anxiety due to persistent pain and functional difficulties. The requested treatment included evaluation for Functional Restoration Program, for which he expressed interest in. He was restricted to sedentary work with restrictions, total temporary disability if unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation, Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49.

Decision rationale: This patient has chronic low back pain with radiation, chronic hip pain, and a history of lumbar fractures. This relates back to an industrial injury dated 06/04/2012. The patient has been treated with physical therapy, aquatic therapy, hip injections, lumbar injections, and multiple medications. This review addresses a request for a referral to a functional restoration program. The main challenge in recommending these programs lies in the fact that studies have failed to agree on how to appropriately screen patients for inclusion in these programs. While there is some evidence for recommending these programs for low back pain, the data is far from convincing that these programs add anything of benefit beyond standard therapies for chronic low back pain. A Functional Restoration Program is not medically necessary.