

Case Number:	CM15-0120355		
Date Assigned:	06/30/2015	Date of Injury:	01/23/2004
Decision Date:	08/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, 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 63 year old female, who sustained an industrial injury on 1/23/04. Initial complaints were not reviewed. The injured worker was diagnosed as having long-term use of medications; lumbar spinal stenosis. Treatment to date has included physical therapy; Comprehensive Interdisciplinary Psychological Evaluation with Testing and Physical Therapy Functional Assessment (5/12/14); Lumbar epidurogram with lumbar epidural steroid injection (5/5/15); urine drug screening; medications. Currently, the PR-2 notes dated 4/27/15 indicated the injured worker is in the office for her preoperative visit. She is scheduled for a lumbar epidural steroid injection on 5/5/15. She reports persistent severe back pain with leg pain associated with numbness and tingling in the legs and history for neuroclaudication. She see another provider also who recommended surgery, but she has chosen to hold off. She reports she has had injections in the past that were effective for her low back and lower extremity pain. She reports she is a diabetic and ware of holing the morning does of her metformin. She is also interested in a functional restoration program. She reports she continued to use topical creams, Motrin and H-wave stimulator unit to alleviate her back pain and lower extremity pain. The provider's treatment plan included an initial evaluation for a functional restoration program. Patient sustained the injury when she was bending down to reach up a tray of medicine. Patient has received an unspecified number of PT, acupuncture and chiropractic visits for this injury The patient has had MRI of the lumbar spine on 1/15/14 that revealed foraminal narrowing, and facet hypertrophy and EMG of lower extremity o 10/2/14 that revealed S1

Radiculopathy. Patient had received lumbar ESI for this injury. The patient has used a H-wave nit for this injury. The medication list include topical medication, Lyrica, Metformin and Motrin

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial evaluation for a functional restoration program: Overturned

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(s): 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-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; (6) Negative predictors of success above have been addressed." The injured worker was diagnosed as having long-term use of medications; lumbar spinal stenosis. Treatment to date has included physical therapy; Comprehensive Interdisciplinary Psychological Evaluation with Testing and Physical Therapy Functional Assessment (5/12/14); Lumbar epidurogram with lumbar epidural steroid injection (5/5/15); urine drug screening; medications. She is scheduled for a lumbar epidural steroid injection on 5/5/15. She reports persistent severe back pain with leg pain associated with numbness and tingling in the legs and history for neuroclaudication. She has seen another provider also who recommended surgery, but she has chosen to hold off. She reports she has had injections in the past that were effective for her low back and lower extremity pain. She reports she is a diabetic. She is also interested in a functional restoration program. Patient has received an unspecified number of PT, acupuncture and chiropractic visits for this injury. The patient has had MRI of the lumbar spine on 1/15/14 that revealed foraminal narrowing, and facet hypertrophy and EMG of lower extremity o 10/2/14 that revealed S1 radiculopathy. Patient had received lumbar ESI for this injury. The patient has used a H-wave unit for this injury. The pt has chronic pain beyond the expected time for recovery. She is on multiple medications and has tried multiple modalities of treatment. An initial one time EVALUATION to determine the necessity of a chronic pain management program is deemed medically appropriate and necessary in this patient at this time The request for Initial evaluation for a functional restoration program is medically necessary and appropriate for this patient.