

Case Number:	CM15-0122181		
Date Assigned:	07/06/2015	Date of Injury:	04/01/2011
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on April 1, 2011. Treatment to date has included diagnostic imaging, lumbar laminectomy, physical therapy, home exercise program, and steroid injections. Currently, the injured worker complains of low back pain with radiation of pain to the right lower extremity with associated numbness and weakness. He rates his pain an 8 on a 10-point scale and reports that his medications are controlling his pain. On physical examination the injured worker has multiple tender trigger points over the low back and buttocks with muscle twitch points. He continues to have right L5 motor weakness and decreased sensation of L5-S1. The diagnoses associated with the request include post lumbar laminectomy syndrome, status post lumbar laminectomy on January 13, 2012, degenerative spondylolisthesis and chronic pain syndrome. The treatment plan includes functional restoration program, continuation of Neurontin, Nortriptyline, Prilosec, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary evaluation for Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-32.

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for radiating back pain. When seen, pain was rated at 8/10. Medications were providing better pain control. Physical examination findings included multiple trigger points and decreased right lower extremity strength and sensation. Trigger point injections were performed. Authorization for six sessions of myofascial therapy was requested. Smoking cessation was recommended. Surgery had not been ruled out. A functional restoration program can be recommended for selected patients with chronic disabling pain. Criteria include that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has been referred for additional therapy and surgery remains under consideration. He had better pain control with medications being prescribed. A functional restoration program is not medically necessary at this time.