

Case Number:	CM15-0123316		
Date Assigned:	07/07/2015	Date of Injury:	06/13/2014
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/26/2015

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 46 year old female with an industrial injury dated 06/13/2014. The injured worker's diagnoses include lumbago, laxity of ligament, and sprain/strain of sacroiliac (SI) ligament. Treatment consisted of diagnostic studies, prescribed medications, group physical therapy, acupuncture, biofeedback back, transcutaneous electrical nerve stimulation (TENS) unit, injections and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker reported low back pain radiating to sacrum, buttocks and right hip/gluteus and iliac crest. The injured worker reported that the pain is worse with bending and flexion. Objective findings revealed tenderness to palpitation of the lumbar paravertebral muscles, bilateral sacrum, and bilateral coccyx. The treating physician also reported multiple myofascial trigger points and tenderness over the bilateral gluteal muscles and bilateral sacroiliac (SI) joints. The treating physician prescribed services for functional restoration program evaluation now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs)) p30-32 (2) Functional restoration programs (FRPs) p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for back and buttock pain. Treatments have included physical therapy, acupuncture, biofeedback, medications, TENS, chiropractic care, and sacroiliac and facet joint injections. When seen, she was continuing to work as a kindergarten teacher. She was having back pain, increased with activity. She was in no acute distress. She had poor posture and pain when transitioning positions. She was able to ambulate with a normal gait without an assistive device. There was lumbar paraspinal muscle tenderness with trigger points and tenderness over the sacroiliac joints. Trigger point injections were performed and medications prescribed. In terms a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain. In this case, the claimant is working. Recent treatment has included trigger point injections and medications are providing benefit. Disabling pain is not documented. If there is concern regarding work tolerance, then a functional capacity evaluation or work conditioning might be considered. The request for a functional restoration program evaluation was not medically necessary.