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| Case Number: | CM15-0126797 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 07/09/2013 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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 55 year old female, who sustained an industrial injury on July 9, 2013. She reported an injury to her right shin. Treatment to date has included physical therapy, lumbar sympathetic nerve block, work restrictions, lumbar epidural steroid injection, functional restoration program evaluation, and medications. Currently the injured worker reports no benefit from a recent epidural steroid injection performed on May 12, 2015. She continues to report low back pain with radiation of pain down the right lower extremity. She reports a decrease in function and activities of daily living and has difficulty walking for prolonged periods of time. She notes that she is not able to walk more than three blocks and is not able to run for exercise as she previously was able to do. She can stand for no longer than fifteen minutes and has difficulty washing dishes. She reports that heavy lifting does aggravate her pain. Her pain is relieved with changing positions and medications. She rates her pain level a 5 on a 10-point scale. An MRI of the lumbar spine on October 9, 2013 revealed multi-level foraminal stenosis and L2-3 degenerative disc disease. The diagnosis associated with the request is stenosis of the lumbar spine. The treatment plan includes functional restoration program treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Function Restoration Program Eval: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work-related injury in July 2013 and continues to be treated for radiating low back pain. When seen, a recent lumbar epidural steroid injection had been ineffective as had two prior injections. She was having a progressive decrease in activities of daily living and function. She had a limited walking tolerance. She was trying to avoid surgery. There was an antalgic gait. She was not in acute distress. There was lumbar spine spasm and guarding. There was a normal gait. No opioid medications were being prescribed. A Functional Restoration Program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested. In this case, the claimant has ongoing moderate pain with decreasing function and has not returned to work. There are no other conservative treatments being planned. The requested evaluation was medically necessary.