MAXIMUS Federal Services

Case Number:	CM15-0178992		
Date Assigned:	09/21/2015	Date of Injury:	02/06/2006
Decision Date:	10/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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 58 year old female, who sustained an industrial-work injury on 2-6-06. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease left sciatica neuropathy, chronic pain, and major depression. Medical records dated (3-8-15 to 8-24-15) indicate that the injured worker complains of bilateral low back pain with radicular symptoms to the bilateral gluteus areas and down the left leg. She also complains of stiffness and inability to sleep. The pain is rated 7 out of 10 on pain scale with medications and 9-10 out of 10 without medications, which has remained unchanged from previous visits. The pain is aggravated by activities and alleviated with rest and medications. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 3-8-15 the injured worker has not returned to work. The physical exam dated 8-24-15 reveals that she was notably anxious and slow to get up out of the chair. She walks with antalgic gait favoring the left lower extremity (LLE). She was unable to walk on her toe or heel. She was unable to do deep knee bend and her posture was head forward. She was globally deconditioned with straightening of the cervical lordosis, enhanced thoracic kyphosis and straightening of the lumbar lordosis. She had a withdrawal reflex to any palpation of the lumbar paraspinous muscles with hyperalgesia in the lumbar paraspinous muscles and left gluteal musculature. The seated straight leg raise on the left caused back and left buttock pain. The physician indicates that her current psychologist and psychiatrist are considering her candidacy for interdisciplinary Functional Restoration Program. She has significant fear of avoidance behavior and marked level of loss of physical function. She has developed a significant sleep and mood disorder related to chronic pain. She is not a surgical or injection candidate. The injured worker was noted to be interested in moving forward with an interdisciplinary evaluation. Treatment to date has included

pain medication including Norco and Gabapentin, psychiatric care, pain psychology, rest physical therapy, chiropractic, acupuncture 8 sessions without benefit, and other modalities. The request for authorization date was 8-26-15 and requested service included One day Interdisciplinary Pain Management evaluation. The original Utilization review dated 9-1-15 non-certified the request as there is no documentation of a significant functional deficit for which participation in a Functional Restoration Program is medically necessary. The medical necessity of the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day Interdisciplinary Pain Management evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The claimant sustained a work injury in February 2006 and is being treated for chronic low back pain with bilateral lower extremity pain. She was seen for an initial evaluation by the requesting provider on 08/25/15. Pain was rated at 7-10/10. Treatments have included medications, physical therapy, acupuncture, chiropractic care, and cognitive behavioral therapy since at least February 2015. The claimant has depression and her psychiatrist recommended consideration of a functional restoration program evaluation. Physical examination findings included a body mass index of nearly 38. There was notable anxiety. There was poor posture and an antalgic gait with slow transitioning of positioning. She was globally deconditioned. There was lumbar hyperalgesia. The assessment reference an absence of surgery options. A functional restoration program evaluation is being requested. In terms of a Functional Restoration Program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has chronic pain and had not returned to work. Conservative treatments have been extensive including cognitive behavioral therapy on an individual basis and her psychiatrist recommends the evaluation that is being requested. 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 is being requested which is medically necessary.