

Case Number:	CM15-0020884		
Date Assigned:	02/05/2015	Date of Injury:	09/05/2012
Decision Date:	06/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 43 year old male, who sustained an industrial injury on 9/5/12. He reported initial complaints of back pain. The injured worker was diagnosed as having low back pain. Treatment to date has included lumbar epidural steroid injection (1/8/13); status post lumbar fusion (4/14/14); physical therapy; medications. Diagnostics included MRI lumbar spine (10/25/12). Currently, the PR-2 notes dated 12/23/14 indicated the injured worker was seen in this office as a follow-up visit. The requests for lumbar MRI and CT have both been denied. He is still taking Norco 10 approximately 2-3 tabs per week. Objective findings note gait is nearly normal but with short stride. His range of motion is very reduced across his low back and the straight leg raise negative. His hip range of motions is normal and there is no pain. The provider treatment plan includes a continuation of the Norco, and request for the MRI of the lumbar spine to rule out residual or new nerve entrapment. The injured worker remains very limited in function because of pain. He also requested a referral to [REDACTED] for multidisciplinary evaluation to see if patient is a candidate for functional restoration program (FRP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a multidisciplinary evaluation to see if patient is a candidate for functional restoration program (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional Restoration Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral for a multidisciplinary evaluation to see if patient is a candidate for FRP is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnosis is lumbar sprain. Subjectively, according to a December 23, 2014 progress note, there are no subjective symptoms documented in the record. The subject of section states requests for MRI and CT were both denied by the carrier. The worker takes Norco 10 mg two - three tablets per week. There were no subjective complaints documented in the medical record. Objectively, the documentation states gait is nearly normal but with short stride. Range of motion very reduced across low back with negative straight leg raising. Hip normal range of motion and no pain. The documentation in the most recent progress note (December 23, 2014) does not contain an evaluation or commentary regarding the prior lumbar fusion performed April 14, 2014. There is no documentation regarding specifics for planned treatment of identified problems and anticipated outcomes. The physical examination is incomplete. The examination addresses the gait and range of motion of the low back. Examination of the hip was normal range of motion. A February 3, 2015 progress note states the injured worker has a rectus diastasis. The treating provider's is going to schedule follow-up with a surgeon. The treating provider is going to hold off any functional restoration program. Consequently, absent clinical documentation with a detailed history and physical examination, a summary of treatment to date, a subsequent clinical finding of rectus diastasis (February 3, 2015), an evaluation by a general surgeon and documentation indicating the treating provider will hold off on a functional restoration program, referral for a multidisciplinary evaluation to see if patient is a candidate for FRP is not medically necessary.

