

Case Number:	CM15-0074134		
Date Assigned:	04/24/2015	Date of Injury:	04/23/1982
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/17/2015

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

Certification(s)/Specialty: Emergency 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:

This 61 year old male sustained an industrial injury to the low back on 4/23/82. Recent treatment included medications. In a PR-2 dated 3/20/15, the injured worker complained of constant low back pain with radiation down bilateral legs, associated with numbness, tingling and paresthesia. The injured worker rated his pain 7-9/10 on the visual analog scale. Physical exam was remarkable for severely limited lumbar spine range of motion with severe paraspinal muscle spasm and tenderness to palpation, positive bilateral straight leg raise and lower extremities with diminished sensation to light touch. Current diagnoses included failed back surgery syndrome, right S1 lumbar spine radiculopathy, sensory motor polyneuropathies, lumbar disc protrusion, opioid dependency and chronic myofascial pain syndrome. The treatment plan included L5-S1 transforaminal and caudal epidural steroid injections, increasing Morphine ER dosage, continuing medications (Neurontin, Flexeril, Protonix, Senokot and Colace) and requesting authorization for 6 weeks of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional restoration program for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): 31-32, 49.

Decision rationale: The requested 1 Functional restoration program for 6 weeks, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs, and note These programs emphasize the importance of function over the elimination of pain, and that treatment in excess of 20 full-day sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The injured worker has constant low back pain with radiation down bilateral legs, associated with numbness, tingling and paresthesia. The injured worker rated his pain 7-9/10 on the visual analog scale. Physical exam was remarkable for severely limited lumbar spine range of motion with severe paraspinal muscle spasm and tenderness to palpation, positive bilateral straight leg raise and lower extremities with diminished sensation to light touch. The criteria noted above not having been met, 1 Functional restoration program for 6 weeks is not medically necessary. The treating physician has not documented all of the criteria noted for a FRP nor the medical necessity for FRP sessions beyond a trial of 10 sessions with subsequent re-evaluation.