

Case Number:	CM15-0078447		
Date Assigned:	04/29/2015	Date of Injury:	02/06/2013
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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: Physical Medicine & Rehabilitation

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 27 year old male, who sustained an industrial injury on 2/6/13. Initial injury is documented as falling from a broken chair onto left buttocks and tail bone. The injured worker was diagnosed as having lumbar radiculopathy; lumbar degenerative disc disease; sciatica; left lower extremity weakness. Treatment to date has included chiropractic therapy; physical therapy; epidural steroid injections; sacroiliac joint injection; medications. Diagnostics included EMG/NCV lower extremities (11/6/13); MRI lumbar spine (4/19/13). Currently, the PR- 2 notes dated 3/16/15 indicated the injured worker complains of lower back pain and bilateral lower extremity radiculopathy. He presents to [REDACTED] for continued medical management of his chronic pain as a transfer of care after being seen in consultation on March 31, 2014. He is awaiting a QME evaluation scheduled June 2015 and a request for multidisciplinary evaluation for admittance into functional restorative program. The injured worker also complains of severe depression and anxiety as a result of sustained his injury. The cognitive behavioral therapy has been denied. During the last visit, the injured workers symptoms deteriorated causing him to ambulate with a cane secondary to left lower extremity sciatica symptoms, right lower back pain and left lower scapula pain. He is status post left L5-S1 epidural steroid injection and sacroiliac injection (2/26/14) which alleviated the intensity of is pain and can now walk without a cane. He currently is prescribed ibuprofen 600mg one TID, Norco 7/5/325mg one TID (taking ¼ to ½ every day) and Flexeril 10mg one at bedtime. Physical examination demonstrates lumbar with limited range of motion: flexion to 45 degrees, extension 0 degrees; lateral flexion to 15 degrees. There is tenderness to palpation and

spasms noted at the L4-5 and L5-S1 left greater than right paraspinals, piriformis and sacroiliac joints. He has positive straight leg raise on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-disciplinary evaluation x 1 to determine if appropriate for a FRP (Functional restoration program): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Chronic pain programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-33.

Decision rationale: The injured worker is being treated for chronic low back pain diagnosed as lumbar radiculopathy and lumbar degenerative disc disease. Clinical records indicate progressive left lower extremity weakness and left L5-S1 dermatomal sensory deficit. Reported MRI from 4/19/13 indicated evidence of L5-S1 degenerative disc disease with 3 mm dorsal disc protrusion. EMG from 11/6/13 indicated evidence of left L5-S1 radiculopathy. Treatment-wise, there is 1 physical therapy note dated 9/17/14 indicating a plan for postural and neuromuscular reeducation 8 visits; however no physical therapy follow up visits were available for review. Records also indicate the patient received 12 chiropractic visits with adequate response. Records indicate the injured worker received a left sacroiliac joint injection which improved his pain. Pharmacologic management includes Norco 10/325 3 times a day, Zanaflex 4 mg 4 times a day and gabapentin 600 mg twice a day. Records do not include updated repeat diagnostic studies such as lumbar MRI or lumbar EMG. There has been no apparent discussion regarding surgical considerations. Criteria for multidisciplinary pain management programs specify that 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 the case of this injured worker, there has not been adequate demonstration of up-to-date diagnostic evaluation for the diagnosis of left lumbar radiculopathy. The patient may be a candidate for additional treatments which include epidural steroid injections, repeat sacroiliac joint injections and perhaps surgery. The request for multidisciplinary pain management program evaluation is therefore not medically necessary at this point in the injured worker's treatment.