

Case Number:	CM15-0093474		
Date Assigned:	05/19/2015	Date of Injury:	11/21/1997
Decision Date:	06/23/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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 54 year old male, who sustained an industrial injury on 11/21/1997. He reported injury to his low back and legs, when heavy metal rods fell on him. The injured worker was diagnosed as having lumbar postlaminectomy syndrome and opioid dependence. Treatment to date has included diagnostics, L5-S1 posterior fusion in 2000, epidural steroid injection, and medications. Currently, the injured worker complains of pain in his low back and legs, rated 6/10, with average rating 7/10. Current medications included Hydroxyzine and Lidoderm patches. He had tried a number of medications and found Norco to be most effective, but it was recently not authorized. He reported exercising on a regular basis, such as walking. He was currently not working and had secondary anxiety and depression. His work status was permanent and stationary. His exam noted an appearance of being outwardly depressed. Exam of the lumbar spine noted decreased range of motion, tenderness to palpation over the bilateral paraspinals, positive facet loading maneuver bilaterally, and sacroiliac joint tenderness on the right. Motor testing noted normal bulk and tone in all major muscle groups of the lower extremities and sensory exam was intact. It was documented that he failed all medical treatment options, remained functionally impaired, with a delay in return to work, without surgical options available. The treatment plan included a one day multidisciplinary evaluation for evaluation of candidacy in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) day multidisciplinary evaluation: Upheld

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

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

Decision rationale: The claimant sustained a work injury in November 1997 and continues to be treated for low back and leg pain. He had tingling, numbness, and weakness. Pain was rated at 6- 7/10. Medications were hydroxyzine and Lidoderm. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness. Facet loading was positive. There was right sacroiliac joint tenderness. There was a normal neurological examination. In this case, a functional restoration program can be recommended for selected patients with chronic disabling pain. In this case, the claimant is able to exercise and is not taking any oral pain medications. There are no apparent functional deficits or impairment of activities of daily living. The claimant does not appear to have disabling pain and the requested evaluation is not medically necessary. If quantification of his work capabilities is needed, then a quality functional capacity evaluation could be considered. Therefore, the requested treatment is not medically necessary.