

Case Number:	CM15-0096109		
Date Assigned:	05/26/2015	Date of Injury:	01/06/2012
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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:

The injured worker is a 48 year old male, who sustained an industrial injury on 1/6/12. He reported injuring his lower back after moving a heavy table. The injured worker was diagnosed as having lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain and status post microdiscectomy. Treatment to date has included several lumbar back surgeries, lumbar epidural injections and a lumbar MRI showing an L4-L5 disc protrusion as well as an annular tear. As of the PR2 dated 3/27/15, the injured worker reports functional restoration program has been helpful to teach him various techniques to better cope and manage his chronic pain condition. The treating physician noted a 50% reduction in pain medications with the functional restoration program. Objective findings include a positive straight leg raise test bilaterally, painful range of motion and lumbosacral tenderness to palpation. The treating physician requested to continue a functional restoration program 5 x weekly for 2 weeks, a back brace and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 5 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP Page(s): 30-32, 49.

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

Decision rationale: The requested Functional restoration program 5 times a week for 2 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 reports functional restoration program has been helpful to teach him various techniques to better cope and manage his chronic pain condition. The treating physician noted a 50% reduction in pain medications with the functional restoration program. Objective findings include a positive straight leg raise test bilaterally, painful range of motion and lumbosacral tenderness to palpation. The referenced guidelines note "These programs emphasize the importance of function over the elimination of pain." The injured worker is reported as working full time without restrictions and uses medication only as needed. The treating physician has not documented the specific rationale for additional FRP sessions, what initial goals have been met with completed treatment and what goals remain to be dealt with nor why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The criteria noted above not having been met, Functional restoration program 5 times a week for 2 weeks is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Back brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker reports functional restoration program has been helpful to teach him various techniques to better cope and manage his chronic pain condition. The treating physician noted a 50% reduction in pain medications with the functional restoration program. Objective findings include a positive straight leg raise test bilaterally, painful range of motion and lumbosacral tenderness to palpation. The referenced

guideline note "These programs emphasize the importance of function over the elimination of pain." The injured worker is reported as working full time without restrictions and uses medication only as needed. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Back brace is not medically necessary.

TENS #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS #1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker reports functional restoration program has been helpful to teach him various techniques to better cope and manage his chronic pain condition. The treating physician noted a 50% reduction in pain medications with the functional restoration program. Objective findings include a positive straight leg raise test bilaterally, painful range of motion and lumbosacral tenderness to palpation. The referenced guideline note "These programs emphasize the importance of function over the elimination of pain." The injured worker is reported as working full time without restrictions and uses medication only as needed. The treating physician has not documented objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor from a one month trial of home use. The criteria noted above not having been met, TENS #1 is not medically necessary.