

Case Number:	CM15-0098410		
Date Assigned:	05/29/2015	Date of Injury:	06/20/2014
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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 50 year old female, who sustained an industrial injury on 6/20/2014. Diagnoses include chronic cervical, thoracic and lumbar strain. Treatment to date has included work modification, medications including Naproxen, ibuprofen and Zanaflex and physical therapy. Magnetic resonance imaging (MRI) of the lumbar spine dated 10/06/2014 was read by the evaluating provider as showing some disc bulging at L4-5. Per the Primary Treating Physician's Progress Report dated 4/27/2015, the injured worker reported midline back pain from the low back to the cervical spine. Physical examination revealed spasm and guarding at the base of the cervical spine and at the base of the lumbar spine. She is only able to barely bring her chin to her chest in cervical flexion and she can only extend to around 30 degrees and rotate and tilt head to the left at around 30 degrees. Examination of the lumbar spine showed flexion limited to around 40 degrees and extension around 20 degrees. Palpatory exam does show spasm and guarding at the base of the lumbar spine. The plan of care included referral to a functional restoration program. Authorization was requested for initial evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The patient presents on 04/27/15 with unrated mid-line back pain extending from the cervical spine into the lumbar spine. The patient's date of injury is 06/20/14. Patient has no documented surgical history directed at this complaint. The request is for initial evaluation functional restoration program. The RFA was not provided. Physical examination dated 04/27/15 reveals tenderness to palpation with spasms and guarding in the cervical and lumbar spine, decreased range of motion in the lumbar spine in all planes, and decreased range of motion in the cervical spine especially on flexion/extension. The patient is currently prescribed Naproxen. Diagnostic imaging included lumbar MRI dated 10/06/14, significant findings include: "L4-5 there is disc degeneration. The posterior disc margin is minimally bulging. This creates minimal canal and lateral recess stenosis. This extends out into both neural foramina creating small neural stenosis..." Patient is currently not working. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In regard to the initial functional restoration evaluation, the request is appropriate. Progress note dated 04/27/15 specifically touches on each of the 6 criteria required by MTUS for an FRP evaluation. Addressing these criteria, the provider has the following: "1) With this request we are, infact, requesting a thorough evaluation to be performed at the NCFRP... 2)This patient has undergone a trial of treatment with modified duty... she has undergone medication management which has been a failure, and has failed physical therapy... 3) The patient has not been able to return to regular work, and modified duty is no longer available... 4) I do not think that this patient would have a good outcome from surgical intervention or even interventional treatments such as ESI... 5) This patient states a desire to return to regular work... 6) She does not have a negative outlook about future employment... She does not smoke... She is not using opiates..." It is clear from the documentation that this provider has thoroughly satisfied MTUS criteria for an initial evaluation for a functional restoration program. Therefore, the request is medically necessary.