

Case Number:	CM15-0098574		
Date Assigned:	05/29/2015	Date of Injury:	08/28/2014
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 08/28/2014. He reported a cumulative trauma injury to his low back and was diagnosed with right sided sacroiliac pain and lumbosacral strain. The injured worker is appropriate for modified duty and if it cannot be provided, then will remain temporarily totally disabled. The injured worker is currently diagnosed as having lumbar discopathy with annular fissure and mild bilateral lumbosacral radiculitis. Treatment and diagnostics to date has included lumbar spine MRI which showed disc protrusion with annular fissuring, epidural steroid injection, physical therapy, and medications. In a progress note dated 04/13/2015, the injured worker presented with complaints of low back and bilateral lower extremity pain, numbness, and tingling. Objective findings include a flattened lumbar lordosis. The treating physician reported requesting authorization for a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional Restorative Guidelines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program evaluation is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnosis are lumbar discopathy L4 - L5 with annular fissure; and mild bilateral lumbosacral radiculitis. Subjectively, the injured worker has right sacroiliac pain. The injured worker received physical therapy and lumbosacral epidural steroid injections would benefit. In a progress note dated April 13, 2015, the treating provider (in an initial evaluation) stated the injured worker received temporary benefit with epidural steroid injections with symptoms returning over three weeks. In the discussion section of the medical record, the treating provider states the injured worker failed management with spinal injections on two occasions. He also failed physical therapy. There are no physical therapy progress notes in the medical record. There is no documentation of physical therapy failure or benefit. Objectively, on physical examination, the injured worker ambulates without difficulty. There is flattening of the lumbar lordosis with a decrease in range of motion to 40 of flexion. Straight leg raising was negative. Motor examination was 5+ (normal) in the lower extremities. Based on the clinical signs and symptoms in the progress note dated April 13, 2015, a thorough evaluation with a functional restoration program is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, and functional restoration program evaluation is not medically necessary.