MAXIMUS Federal Services

Case Number:	CM14-0148841		
Date Assigned:	09/18/2014	Date of Injury:	10/07/2013
Decision Date:	10/23/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who reported a work related injury on 10/07/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar spondylosis and lumbago. The injured worker's past treatment has included medication and surgical intervention. The injured worker's diagnostic studies consisted of an MRI of the lumbar spine without contrast dated 12/30/2013 which revealed grade I degenerative L3-4 and L4-5 anterior listhesis, right L2-3 facet capsulitis with a 2 mm facet gap, and no definite neural impingement in the lumbar spine despite multilevel degenerative disease. The injured worker's surgical history consists of a right L3-4 medial branch block; right L5 dorsal ramus block with fluoroscopic guidance and needle placement on 03/07/2014. Upon examination on 07/10/2014, the injured worker complained of back pain to the degree that she does not think she can tolerate her routine work activities. She stated she had ongoing pain in the right lower back that radiated into both the posterior and anterior thigh without associated numbness. She had some radiation into the right buttocks and anterior and posterior thigh, but denied radiation to the distal aspect of her right knee; she still had bilateral thumbs pain. She was interested in more rehabilitative efforts and did not want to return to employment in some capacity if she can rehabilitate her lower back further. Upon physical examination, the injured worker was noted to have tenderness over the L4-5 and L5-S1 facet joints greater than the right L2-3 and right L3-4 facet joints. There was no significant spinous tenderness. Lateral tilt to the left increases painful symptoms and overall lateral tilt is limited to 15 degrees bilaterally; lumbar flexion is tolerated to 40 degrees and did not reproduce painful symptoms on flexion than extension and extension is limited to 10 degrees. The straight leg was negative bilaterally. The injured worker's medications consist of tramadol and naproxen which she stated she is trying to minimize her medication usage. The treatment plan consisted of additional rehabilitative efforts with a

Functional Restoration Program. The rationale for the request was given the injured worker's refractory nature of her low back pain, her difficulty coping with her pain, and her motivation to return to work in some capacity, an initial evaluation and a Functional Restoration Program is indicated. The request for authorization form was submitted for review on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program- 160 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The request for Functional Restoration Program is not medically necessary. The California MTUS states in order to have a Functional Restoration Program, an injured worker must meet these criteria: an adequate and thorough evaluation, including baseline functional testing so followup with the same test can note functional improvement; previous methods of treating chronic pain have been successful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. In regard to the injured worker, the patient was interested in rehabilitation. However, within the medical documentation provided for review, there was no clear medical necessity for the patient to participate in a Functional Restoration Program in order to receive additional rehabilitation. Within the documentation, there was a lack of evidence that the injured worker had an independent exercise program or was currently participating in any regular exercise. Additionally, it was not clearly stated why the injured worker cannot be rehabilitated through conventional outpatient office visits and during outpatient Functional Restoration Program. As such, the request for a Functional Restoration Program is not medically necessary.