MAXIMUS Federal Services

Case Number:	CM13-0014550		
Date Assigned:	12/11/2013	Date of Injury:	02/19/2012
Decision Date:	05/20/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/21/2013

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 Orthopedic Surgery 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 patient is a 52 year old female whose date of injury is 02/19/2012. The patient was carrying a full tray loaded with dirty dishes and bending down to place the tray on a bot tom shelf from a higher shelf. She felt a popping sensation in her low back and had immediate low back pain. Treatment to date includes chiropractic which did not help, physical therapy which did not help, rTMS, trigger point injections with no improvement, group psychotherapy, MRI scans, EMG/NCV and medication management. Agreed/Represented QME dated 07/12/13 indicates that the patient complains of low back pain that radiates down the right lower extremity to the toes and down the left lower extremity to the knee level. Diagnoses are lumbar strain/sprain, moderate, chronic; and MRI evidence of moderate central spinal canal stenosis at L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program is not recommended as medically necessary. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The patient has been recommended for injection therapy; however, there is no indication that injections have been performed. There is no pre-program functional capacity evaluation/PPE or mental health evaluation submitted for review as required by CA MTUS guidelines. The request is nonspecific and does not indicate the frequency and duration of requested treatment.