

Case Number:	CM13-0015120		
Date Assigned:	10/04/2013	Date of Injury:	07/11/2011
Decision Date:	01/24/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 56 year old man who suffered a work-related injury on 7/11/11. Examination notes from 5/10/13 document continued low back pain. The patient is status post radiofrequency rhizotomy L4-5 and L5-S1 as of 6/10/13, with 80% improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualitative functional restoration evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, qualitative functional restoration evaluations are "recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery." The patient had greater than 80% relief from the radiofrequency procedure. The request for a qualitative functional restoration evaluation is not medically necessary based upon a lack of evidence of or risk for delayed recovery.

Work conditioning for the lumbar spine twice a week for two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Work Conditioning, work hardening Page(s): 125.

Decision rationale: Per the MTUS, work conditioning/work hardening is "recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e. not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). . ." In this case, there is no evidence of functional limitations or a functional capacity evaluation being performed to warrant work conditioning; therefore, the request is not medically necessary.