

Case Number:	CM13-0021495		
Date Assigned:	01/15/2014	Date of Injury:	08/01/2012
Decision Date:	03/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 40 year-old male, Driver test examiner for the [REDACTED] who was injured on 8/1/2012 after he twisted to getting out of a vehicle. He has been diagnosed with left L4 radiculopathy/HNP L4/5; history of multiple sprain, lumbar region; myalgia and myositis NOS. He reports having chronic low back pain since 1994, but on 8/1/12 it was exacerbated. On 8/22/13, UR denied a request for a functional restoration program, based on the 8/10/13 report from [REDACTED]. According to [REDACTED], on 8/10/13, the patient presented with 6/10 low back pain and left lower extremity pain. He had 3 sessions of PT and was unable to tolerate it. The patient's major issue is pain tolerance. His only medication appears to be ibuprofen 200mg q 12h. His MRI showed a 10-mm left L4/5 disc extrusion and surgery was suggested, but the patient elected to continued conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with 6/10 chronic low back pain exacerbated on 8/1/12 with left leg radiculopathy. He has an extruded 10-mm disc herniation at L4/5 but declined surgical intervention. He is only able to work 5-hours/day. He takes ibuprofen 200mg, 1 po 12 hours for pain. He had 3 PT sessions and was not able to tolerate it.