

Case Number:	CM13-0028792		
Date Assigned:	11/01/2013	Date of Injury:	04/23/2003
Decision Date:	02/03/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 65-year-old male who reported an injury on 04/23/2003. The mechanism of injury was a shoveling injury. The patient complained of pain to the low back with radiating pain to the posterior aspects of the bilateral extremities. The patient was diagnosed with low back pain with abnormal MRI and bilateral L5 radiculopathy. The clinical documentation dated 08/16/2013 stated the patient is currently working and never missed work due to the injury. The patient has decreased range of motion with no reported weakness. The clinical documentation stated the patient has not missed work since the injury and as he currently has a position that is not physically demanding and is able to do his job without any difficulties. The patient had injection therapy, physical therapy, chiropractic treatment, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

interdisciplinary evaluation for functional restoration program: Upheld

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
Functional Restoration Program Page(s): 31.

Decision rationale: California MTUS guidelines indicate that for entry into a Functional Restoration program, the patient should have documentation of baseline testing, so the same test can note functional improvement, that previous methods of treating chronic pain have been unsuccessful 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 the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; negative predictors of success have been addressed. The clinical documentation dated 08/16/2013 stated the patient is currently working and never missed work due to the injury. The patient has not missed work since the injury and as he currently has a position that is not physically demanding and is able to do his job without any difficulties. The clinical documentation submitted for review does not meet the guideline recommendations. The patient had injection therapy, physical therapy, chiropractic treatment, and medication management. There was a lack of documentation of baseline testing. As the patient has not been unable to work since the reported injury and has a position that is not physically demanding, the request is not needed. As such, the request is non-certified.