

Case Number:	CM13-0031165		
Date Assigned:	12/13/2013	Date of Injury:	01/08/2009
Decision Date:	02/19/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 01/08/2009. The patient was reportedly injured after he slipped on ice and reportedly fell backwards landing on his buttocks. The patient subsequently was seen by a physician in 03/2009 whereupon an MRI revealed negative results for a herniated nucleus pulposus at the L5-S1. The patient was prescribed Lyrica and Vicodin ES and the doctor diagnosed him with a lumbar strain with sciatica. The patient was also referred to physical therapy, which he continued on through March and April; however, he did report increased back pain on any movement and numbness in his left leg. According to an exam on 04/30/2009, the patient was positive for Waddell's sign, and was recommended to obtain sub rosa films. The patient was seen again on 06/2009 whereupon he was diagnosed with a lumbar sprain with non-organic pain magnification. The patient has been undergoing psychiatric treatments due to depression, and poor concentration. The patient has also been noted to have a short temper and an occasional crying spell, but no suicidal ideations, and denies any side effects of medication. He is currently taking Cymbalta 30 mg and 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

Decision rationale: Regarding the request for a 30 day functional restoration program, under the California MTUS it states that chronic pain programs, otherwise known as functional restoration programs, are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. In the case of this patient, he has not been indicated as having a significant loss of ability to function independently resulting from his chronic pain. Therefore, in regards to a multidisciplinary pain management program/functional restoration program, the patient does not meet guideline criteria at this time. As such, the request for a 30 day functional restoration program is non-certified.