

Case Number:	CM13-0031578		
Date Assigned:	12/04/2013	Date of Injury:	10/26/2011
Decision Date:	04/01/2014	UR Denial Date:	01/11/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation, and is licensed to practice in New York. 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 41-year-old female who sustained an injury on 10/26/2011 of an unspecified nature. The patient was evaluated on 11/15/2013 because she was unable to obtain her medication. The patient additionally complained that she was anxious as she may have pulled something from the original injury and was asking for an x-ray. The patient's medications included Salonpas patch twice a day, Flexeril 10 mg 3 times a day, Lyrica 150 mg twice a day, Naprosyn 500 mg twice a day, and aspirin 325 mg daily. Physical examination findings noted the patient had tenderness to palpation in the rhomboids and trapezius. The treatment plan was noted as the patient would return for medications and continue home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifteen (15) Functional Restoration Program sessions for the low back: 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): 32.

Decision rationale: The California MTUS Guidelines recommend the use of an adequate and thorough evaluation, including baseline functional testing, prior to recommending a functional

restoration program. The documentation submitted for review did not include any functional testing. The guidelines further state that previous methods of treating chronic pain must have been unsuccessful and there must be an absence of options in order to qualify for a functional restoration program. The documentation submitted for review did not indicate the patient was having pain upon evaluation. Furthermore, the documentation submitted for review did not indicate the patient had failed other modalities. The guidelines further state that to qualify for a functional restoration program the patient must have a significant loss of ability to function independently resulting from the chronic pain. The documentation submitted for review did not indicate the patient had significant loss in the ability to function independently. Given the information submitted for review, the request for 15 functional restoration program sessions for the low back is non-certified.