MAXIMUS Federal Services

Case Number:	CM13-0039990		
Date Assigned:	12/20/2013	Date of Injury:	11/06/2012
Decision Date:	06/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in 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 expert 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 27 year old male whose date of injury is November 6, 2012. The patient was pulling a cord when he fell from rebar approximately 5 feet into the bay. The patient was seen and diagnosed with a sprain of the knee, lumbosacral strain. Lumbar MRI dated February 28, 2012 revealed discogenic changes, left eccentric herniations and high intensity zones both L4-5 and L5-S1 with associated subarticular stenosis. Cervical MRI dated February 28, 2013 revealed tiny disc osteophyte without mass effect at C6-7; minor uncovertebral joint ridging C3-4 and C4-5 with no stenosis. The patient completed a course of physical therapy. Functional capacity evaluation performed in April 2013 indicates that required physical demand level is heavy and current physical demand level is sedentary. Agreed medical evaluation dated September 27, 2013 indicates that the patient underwent lumbar epidural steroid injection on May 7, 2013.The patient's overall condition is noted to be permanent and stationary with 7% whole person impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for functional restoration program evaluation is not recommended as medically necessary. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no indication that the patient has undergone any recent active treatment or has ever attempted any psychological treatment. Agreed medical evaluation dated 09/27/13 indicates that the patient's overall condition is noted to be permanent and stationary with 7% whole person impairment. The request for a functional restoration program evaluation is not medically necessary or appropriate.