

Case Number:	CM13-0048930		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2008
Decision Date:	05/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery, 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 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:

This is a 57-year-old injured in a work related accident August 12, 2008 sustaining an injury to his neck and low back while performing his customary duties as a truck driver. Recent clinical assessment for review from October 1, 2013 indicated ongoing complaints about the neck and low back. It states that recent radiographs reveal evidence of prior disc arthroplasty at C4-5 and C5-6 with no evidence of adjacent level degeneration. Treating provider on that date indicated that the patient was no longer a surgical candidate. He was with continued complaints of pain and a functional restoration program was recommended given the patient's postoperative treatment and measures to that time. The patient continues to utilize medication management including Medrox ointment, Clonazepam, Prilosec, Trazodone, Tylenol and Lidoderm patches. There is no documentation of other forms of treatment noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

A MULTIDISCIPLINARY FUNCTIONAL RESTORATION PROGRAM

EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: The patient continues to be with lack of function or symptomatic improvement following the patient's two level disc replacement surgery. It is indicated that the patient is no longer a candidate for surgery or other treatments that have not already been rendered. The role of a functional restoration in this individual, given the patient's current clinical presentation, failed measures to date and lack of need for further surgical process would be supported. Based on the Chronic Pain Medical Treatment Guidelines, the request for a functional restoration program for this individual would be medically necessary and appropriate.