

Case Number:	CM13-0050905		
Date Assigned:	12/27/2013	Date of Injury:	08/14/1998
Decision Date:	03/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 Illinois. 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 68 year old female who reported an injury on 08/14/1998. The mechanism of injury is not specifically stated. The patient is diagnosed with lumbar back pain, degeneration of the lumbosacral intervertebral disc, and unspecified myalgia/myositis. The patient was seen by [REDACTED] on 10/21/2013. Physical examination was not provided. Treatment recommendations included the [REDACTED] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to PM&R/[REDACTED] Program for consult and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The MTUS Guidelines indicate that 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. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence 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. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. According to the clinical notes submitted, the employee has undergone previous treatment with acupuncture, yoga, physical therapy, trigger point injections, and chiropractic treatment. However, documentation of the previous treatment with a failure to respond was not provided for review. A previous physical examination on 07/31/2013 by a treating physician revealed a non-antalgic gait and functional range of motion and strength in all extremities. Without evidence of significant functional deficits, the request for a functional restoration program cannot be determined as medically appropriate. Therefore, the request is non-certified.