

Case Number:	CM13-0052508		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2005
Decision Date:	05/02/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 Spine Surgery, 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 injured worker is a 36-year-old male who reported an injury on 09/27/2005. The mechanism of injury was not stated. The injured worker is currently diagnosed with postlaminectomy syndrome. The injured worker was evaluated on 09/06/2013. The injured worker reported persistent lower back pain with radiation to the left lower extremity. Physical examination on that date revealed an antalgic gait. Treatment recommendations included a functional restoration program for 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 HOURS (10 DAYS) OF 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 Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: The MTUS Chronic Pain Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence indicating that previous methods of treating chronic pain have been unsuccessful. There should also be documentation of a significant loss of the

ability to function independently as a result of chronic pain. As per the documentation submitted, the injured worker's physical examination only revealed an antalgic gait. There was no documentation of a significant functional limitation. Therefore, the injured worker does not meet criteria for the requested service. There was also no mention of an exhaustion of conservative treatment prior to the request for a functional restoration program. Based on the clinical information received, the request is not medically necessary and appropriate