

Case Number:	CM13-0053801		
Date Assigned:	02/26/2014	Date of Injury:	09/20/2012
Decision Date:	06/27/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 38 year-old male who was injured on 9/20/12. He was diagnosed with lumbago; displacement of lumbar disc without myelopathy and chronic pain syndrome. According to the 10/22/13 report, the patient presents in back pain that comes and goes, especially when driving. The patient declines surgery and was willing to get back to work if he can, and if he can wean off analgesics. He tried chiropractic care and PT and acupuncture which only provided temporary pain relief. The physician requested an evaluation to see if the patient is a candidate for a FRP. On 11/7/13 UR recommended against the evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 31-32

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The evaluation is only one item in the list of criteria that MTUS requires for a functional restoration program. There is no indication that the patient has a significant loss of ability to function independently. The patient needs to show motivation to change and be willing to forgo secondary gains including disability payments, and the negative predictors of success need to be addressed. The patient is not a candidate for the FRP based on the information provided, the evaluation to determine candidacy for the FRP when other criteria have not been met, is not medically necessary. .