

Case Number:	CM13-0055639		
Date Assigned:	12/30/2013	Date of Injury:	11/13/2007
Decision Date:	04/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice and is licensed to practice in Florida. 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 57-year-old injured worker who reported an injury on 11/13/2007. The mechanism of injury involved a fall. The patient is currently diagnosed with left L5 radiculopathy, lumbar spondylosis without myelopathy, lumbar facet pain, axial low back pain, chronic pain syndrome, and depression. The patient was seen by [REDACTED] on 10/28/2013. Physical examination revealed positive lumbar facet loading maneuver and positive Gaenslen's testing. Treatment recommendations included a request for a Functional Restoration Program Evaluation for ongoing chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary evaluation for functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state Functional Restoration Programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed

recover. As per the documentation submitted, the patient has been previously treated with medial branch blocks, epidural steroid injections, physical therapy, chiropractic treatment, and medication. However, the patient's physical examination only revealed positive facet loading maneuver and positive Gaenslen's testing. There was no documentation of a significant loss of the ability to functional independently. The patient has not undergone any surgical procedures, and has not been evaluated by a neurosurgeon for ongoing L5 radiculopathy. The patient's injury was also greater than 6 years ago to date. Based on the clinical information received, the patient does not currently meet criteria for the requested service. The request for an Interdisciplinary evaluation for functional restoration program is not medically necessary and appropriate.