

Case Number:	CM13-0056494		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2013
Decision Date:	03/31/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

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 and 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 54-year-old male who reported an injury on 08/18/2013. The patient was reportedly injured when his right foot was crushed by a piece of plywood. The patient is diagnosed with cervical sprain, lumbar sprain, and right foot fracture. The patient was seen by [REDACTED] on 11/08/2013. The patient reported ongoing lower back, neck and foot pain. Physical examination revealed decreased and painful cervical and lumbar range of motion. The treatment recommendations included authorization for a multidisciplinary evaluation for a functional restoration program.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS 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 recovery. As per the documentation submitted,

there is no evidence of a failure to respond to previous methods of treating chronic pain. There is no evidence of an absence of other options that are likely to result in significant clinical improvement. The patient's physical examination only revealed decreased and painful cervical and lumbar range of motion. The patient has previously undergone surgical intervention to the right lower extremity. However, there is limited documentation of a completed course of postoperative treatment. The patient was 6 weeks status post surgery at the time of the request and the patient noted possible foot infection regarding the pins. Based on the clinical information received, the patient does not appear to meet criteria for a functional restoration program. Therefore, the request is non-certified.