

Case Number:	CM13-0058762		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2011
Decision Date:	03/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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 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 50 year old male with date of injury 4/19/11. The treating physician report dated 10/28/13 indicates that the patient has chronic lumbar pain with a diagnosis of 1. Lumbar spinal stenosis. Review of the utilization review report dated 11/14/13 denied an Initial evaluation at the [REDACTED]. The rationale for denial was based on lack of appropriateness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at the [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33, 49.

Decision rationale: The patient presents with Lower back pain with bilateral lower extremity pain, numbness and tingling. The treating physician has documented in the 10/28/13 report that the patient has been unable to return to work as a truck driver. The treating physician recommended that a functional restoration program may be the best approach for him. MTUS

guidelines support Functional Restoration Programs (FCP) and referral for an initial assessment to determine if FCP would be indicated is medically indicated. The request that was denied by utilization review was for Initial evaluation at the [REDACTED]

[REDACTED] There is nothing to indicate that the patient should not be seen for the initial evaluation to determine if FCP is indicated. Recommendation is for authorization of Initial evaluation at the [REDACTED]