

Case Number:	CM13-0060983		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2012
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation 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 injured worker is a 52 year old male who reported a low back injury on 07/03/2012; the mechanism of injury was not disclosed. Within the clinical note dated 11/13/2013 the injured worker reported pain in his lower back radiating bilaterally to his lower extremities. The physical findings reported decreased lumbosacral range of motion, motor strength 5/5 in lower extremities, and a positive straight leg raise test. Within the clinical note dated 10/29/2013, a second physician reported the injured worker had not had any convincing radicular or neurologic complaints or physical findings. In addition, the clinical note reported the injured worker is a candidate for future surgery. The request for authorization is dated 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR 2 WEEKS, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Chronic pain programs (functional restoration programs).

Decision rationale: Among the criteria for participation in a functional restoration program, the MTUS Chronic Pain Guidelines recommend an adequate and thorough evaluation be made to

note functional improvement, previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, and the patient has a significant loss of ability to function independently resulting from the chronic pain. The submitted documentation does not provide the necessary documentation to show that an adequate and thorough evaluation has been done. For example, a functional capacity evaluation and a psychological assessment need to be provided. In addition, there are conflicting physical findings and diagnoses pertaining to the functional status of the injured worker. However, the conflicting notes do report the ability to function independently has been maintained and contraindicates the use of a functional restoration program. Thus, the request is not medically necessary and appropriate.