

Case Number:	CM13-0061169		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2012
Decision Date:	04/10/2014	UR Denial Date:	11/07/2013
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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 31-year-old male who reported an injury on 12/15/2012. The injury was noted to have occurred he tripped on concrete, twisted, and felt a jolt type pain in his low back. His diagnoses include lumbosacral strain, low back pain, muscle spasm, right thigh pain, and lumbar radiculopathy. His symptoms are noted to include lower back pain with radiation in the right leg. His physical exam findings are noted to include decreased range of motion lumbar spine, and normal motor strength to 5/5. His past treatments had been noted to include oral medications, cognitive behavioral therapy, physical therapy, and home exercise program without significant improvement. A 10/31/2013 request for authorization indicates that the patient is a good candidate for a functional restoration program and meets all the criteria. Therefore, the request was made for an initial evaluation by a multidisciplinary team for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FUNCTIONAL RESTORATION PROGRAM INITIAL EVALUATION

(QUANTITY 1.00): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

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

Decision rationale: According to the CA MTUS Guidelines, functional restoration programs may be recommended for patients with conditions that put them at risk of delayed recovery, when documentation indicates that the patient is motivated to improve and return to work and the criteria listed by the guidelines is met. It further states that an adequate and thorough evaluation should be made including baseline functional testing so follow-up with the same test can note functional improvement, prior to admission to a functional restoration program. The clinical information submitted for review indicates the patient has chronic pain and decreased function related to his work related injury. However, the patient was noted to have previously participated in a functional restoration program with an evaluation being completed on 05/07/2013. As the patient previously had an evaluation for functional restoration program and documentation indicates that he was approved, it is unclear whether the patient completed any functional restoration program visits or why he would require an updated evaluation. As the patient previously had an evaluation for a functional restoration program, the request represents duplicative treatment. For the reasons noted above, the request is non-certified.