

Case Number:	CM13-0061960		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2011
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 36-year-old male who reported an injury on 06/06/2011. The mechanism of injury note was noted to be a fall. The patient is diagnosed with lumbosacral strain, sciatica, lumbar disc displacement, lumbosacral disc degeneration, lumbosacral spondylosis without myelopathy, and myofascial pain syndrome. His symptoms are noted to include low back pain with radiation to his bilateral lower extremities. The patient also has reports of numbness and tingling, difficulty sleeping, and anxiety/depression. His physical exam findings include decreased motor strength to 4/5 in his bilateral hip flexion, normal deep tendon reflexes bilaterally, and normal sensation to light touch bilaterally. Recommendations were made for a Functional Capacity Evaluation to determine if a patient is a candidate for the functional restoration program as well as a psychiatric consultation. Additionally, participation in a functional restoration program was recommended as the patient was still shown to have functional deficits as well as psychological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter General use of multidisciplinary pain management programs..

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

Decision rationale: According to the California MTUS Guidelines, functional restoration/chronic pain programs may be recommended for patients with conditions that put them at risk of delayed recovery. It also specified that patients should be motivated to improve and return to work. An evaluation, when recommended, should include baseline functional testing so follow-up with the same test can note functional improvement. The clinical information submitted for review indicates that the patient still has functional deficits related to his chronic back condition. He is also shown to have psychological factors and is currently being treated. However, the clinical information submitted for review indicates that the patient had participated in a functional rehabilitation program previously during which he was worked with regarding his emotional and psychological issues in terms of his distress and difficulty with functioning. As the patient was noted to have previously participated in a functional restoration program, it is unclear why repeating this program would be thought to provide further benefit. Additionally, details regarding the patient's improvement in his previous functional restoration program were not provided. In the absence of his details, the requested service is not supported.

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter General use of multidisciplinary pain management programs..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: According to the Official Disability Guidelines, Functional Capacity Evaluations are recommended prior to admission to a work hardening program; however, a Functional Capacity Evaluation is not part of the criteria for admission to a functional restoration program. Additionally, as the request for a functional restoration program was non-certified, and the Functional Capacity Evaluation was noted to have been requested in order to determine whether the patient was a candidate for this program, the request is not supported.