

Case Number:	CM14-0004042		
Date Assigned:	02/05/2014	Date of Injury:	09/10/2012
Decision Date:	07/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 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 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 40-year-old male who reported an injury on 09/10/2012. The mechanism of injury was not stated. Current diagnoses include lumbar spine degenerative disc disease, bilateral lumbar spine severe foraminal stenosis, and L4-5 facet arthropathy. The injured worker was evaluated on 01/16/2014. The injured worker reported persistent lower back pain with activity limitation. Physical examination revealed positive straight leg raising bilaterally, 2+ deep tendon reflexes, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included approval 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:

ONE TIME MULTIDISCIPLINARY CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32,49.

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

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended when there is access to programs with proven successful outcomes. An adequate

and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options that are likely to result in significant improvement. There should also be evidence of a significant loss of the ability to function independently. Patients should exhibit motivation to change and negative predictors of success should be addressed. As per the documentation submitted, the injured worker's physical examination only revealed positive straight leg raising with diminished range of motion. There is no evidence of a significant loss of the ability to function independently. There is also no mention of an exhaustion of conservative treatment prior to the request for a functional restoration program. There is also no indication that negative predictors of success have been addressed. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.