

Case Number:	CM14-0007313		
Date Assigned:	02/10/2014	Date of Injury:	05/10/2007
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/20/2014

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 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 42-year-old male who has submitted a claim for status post lumbar fusion with chronic back pain syndrome, and depression, all associated with an industrial injury date of May 10, 2007. Medical records from 2013 were reviewed, which showed that the patient's medications gave a good 70% relief of his symptoms of chronic pain. On physical examination, there was limitation of lumbosacral flexion and extension. Seated straight leg raise was negative. No motor deficits were reported. Treatment to date has included medications, lumbar fusion, and cognitive supportive therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPASS FUNCTIONAL RESTORATION PROGRAM CONSULTATION: Upheld

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

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

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation

including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, the medical records failed to provide an adequate and thorough evaluation. There was also no discussion regarding failure of previous treatment methods. There was also no evidence of significant loss of ability of the patient to function independently. Furthermore, negative predictors of success were not addressed. The criteria were not met. As such, the request is not medically necessary.