

Case Number:	CM14-0105904		
Date Assigned:	07/30/2014	Date of Injury:	03/04/2013
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 27-year-old male who reported an injury on 03/04/2013. He reportedly bent over to pick a mop up and felt acute onset of back pain and right leg pain. On 05/15/2014 the injured worker presented with right leg pain. Prior therapy included physical therapy, acupuncture, and epidural steroid injections. Upon examination, the injured worker had a slightly antalgic gait and unable to heel toe walk. There was normal lordosis and some tenderness to the low back. There was decreased sensation along the bottom of the foot and +1 reflexes at the knees, absent at the right ankle and +1 at the left ankle. There was a positive straight leg raise. The motor strength was 5/5, except for the gastrosoleus/hamstring, which were 4+/5. An MRI dated 04/16/2013 demonstrated right-sided disc herniation of 4 mm with right S1 nerve root impingement. The diagnoses were L5-S1 disc herniation right-sided and S1 radiculopathy. The provider recommended functional restoration program (FRP); the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for functional restoration program is non-certified. The California MTUS/ACOEM Guidelines state if an early return to work has been achieved and the return to work process is working well, the likelihood of depletion should be limited. If, however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. It is also noted that pre-injury or post-injury or illness, strength and endurance may be limited and might be less than the job requires. If this is the case, the likelihood of re-entry or prolonged problems may increase, but may not be part of the process for treating an acute injury. The provider and employer may have to address these issues either through focusing on modifying the job to suit the injured worker's ability, or considering an alternate placement. There was no evidence of exception clinical findings or specific job-related deficits or goals that were identified to substantiate a necessary of an interdisciplinary intervention. As such, the request is non-certified.