MAXIMUS Federal Services

Case Number:	CM14-0106988		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2013
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family Medicine 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 39-year-old female who has submitted a claim for lumbar radiculopathy and marked myofascial spasm associated with an industrial injury date of 09/12/2013.Medical records from 01/10/2014 to 06/13/2014were reviewed and showed that patient complained of sharp, numbing low back pain graded 7/10. Physical examination revealed trigger points at the quadratus lumborum, paraspinous muscles, and gluteal region, decreased ROM, intact sensation of the lower extremities and negative straight leg raise (SLR) tests bilaterally.Treatment to date has included physical therapy, acupuncture, and pain medications.Utilization review dated 07/02/2014 denied the request for [redacted] because there was insufficient evidence that there had been attempts to work or there is a work to return to.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted]**:** Upheld

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

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

Decision rationale: As stated on pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, a baseline functional testing was not done. There was no documentation of functional outcome from previous physical therapy and acupuncture to support previous treatment failure. There has been no discussion concerning a contemplated surgical procedure or severe loss of ability to function. The aforementioned criteria for functional restoration program have not been met. Therefore, the request for [redacted] is not medically necessary.