

Case Number:	CM14-0011014		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2012
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and Nevada. 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 50 year old female whose date of injury is 9/4/12. She was pushing a dolly when she felt a pop in her back. A progress note dated 11/22/13 indicates that the injured worker is motivated to become more functional, stronger, and to manage her pain better. A note dated 11/26/13 indicates that the injured worker complains of low back pain and lower extremity radiculopathy. Treatment to date has included physical therapy, acupuncture, chiropractic, injections, individual psychotherapy, and medication management. A behavioral medicine evaluation dated 12/18/13 indicates that the injured worker's Beck Depression Inventory (BDI) is 34 and Beck Anxiety Inventory (BAI) is 22. The diagnosis is a mood disorder associated with a general medical condition. A physical function consultation dated 12/18/13 indicates that the injured worker could significantly improve her functional status by attending the Spine, Pain & Rehabilitative Care (SPARC) program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN PROGRAMS, 30

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic pain programs (functional restoration programs).

Decision rationale: The submitted records indicate that the injured worker has been authorized for a two week trial of a functional restoration program in accordance with the California MTUS guidelines. There is no indication that the injured worker has completed the trial, and if she has, what her objective functional response to the program was; this would need to be documented to establish efficacy of treatment and to support additional sessions. As such, the request is not medically necessary.