

Case Number:	CM14-0011103		
Date Assigned:	02/21/2014	Date of Injury:	01/17/2012
Decision Date:	07/18/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/28/2014

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. 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 50-year-old female who has submitted a claim for lumbar sprain / strain, and multilevel lumbar disc protrusion with radiculopathy associated with an industrial injury date of 12/01/2012. Medical records from 2013 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities, associated with weakness, numbness and tingling sensation. Aggravating factors included bending, stooping, lifting, prolonged sitting, standing, and walking. Physical examination of the lumbar spine revealed tenderness, restricted range of motion, and muscle spasms. Straight leg raise was positive bilaterally. Sensation was diminished at bilateral L4 and L5 dermatomes. Treatment to date has included physical therapy, right sacroiliac joint injection on 12/18/2013, left sacroiliac injection on 11/13/2013, and medications such as Norco, Ambien, tramadol, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE INITIAL EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM:

Upheld

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

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

Decision rationale: As stated on pages 30-32 of CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, and negative predictors of success have been addressed, etc. In this case, the patient complained of persistent low back pain despite physical therapy and intake of medications. However, there is no exhaustion of conservative management because current treatment plan includes referral for possible epidural steroid injection. Negative predictors of success were likewise not assessed. There is no documented rationale for this request; hence, medical necessity was not established. Therefore, the request for an initial evaluation for functional restoration program is not medically necessary.