

Case Number:	CM14-0012041		
Date Assigned:	02/21/2014	Date of Injury:	09/26/2012
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 & Rehabilitation, 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 injured worker is a 53 year-old male with a date of injury of 9/26/2012 due to slip and fall at work. The patient's industrially related diagnoses include lumbar disc desiccation and left wrist sprain. The disputed issues are supervised functional restoration program x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPERVISED FUNCTIONAL RESTORATION PROGRAM, 1 X PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 31-33.

Decision rationale: In the submitted documentation, the requesting healthcare provider fails to address the issues outlined in the guidelines. There is no statement as to whether or not the patient could be a surgical candidate. Negative predictors of success have not been addressed. The requesting provider specifies that he/she is actually waiting for the results of a lumbar spine MRI; functional restoration program require a thorough evaluation beforehand. Given these factors, this request is not medically necessary.

