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| Case Number: | CM14-0012536 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 10/06/2004 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/03/2014 |
| 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 Occupational 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:

This is a 55 year-old male with a 10/6/04 date of injury to his left thigh after a motor vehicle collision. The patient was seen on 1/15/14 with complaints of low back pain. He was noted to be on social security disability and has not worked since 2006. Exam findings revealed normal gait, tenderness of the L spine, decreased sensation to L4/5 dermatomes on the left, normal left knee range of motion without tenderness but mild crepitus and grinding with motion. The patient was referred to an orthopedic surgeon for the L spine. The patient stated he was not a surgical candidate due to multilevel involvement of the L spine but the surgeon wanted a bine scan then follow up visit. His antidepressant medications were changed. The diagnosis is chronic pain syndrome, lumbar disc displacement without myelopathy, major depression, recurrent EMG 2008: mild superficial peroneal nerve injury on the left, L5 vs. S2 nerve root irritation on the left. MRI knee 2006: partial tear vs. strain of the ACL Treatment to date: epidurals, PT, medications, left knee injections, FRP, left knee surgery, psychotherapy, and psychotropic medications. An adverse determination was received on 1/3/14 for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation at the [REDACTED] Functional Restoration Program: 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 Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. This patient has been on social security benefits and out of work since 2006. He suffers from recurrent depression and his medications have been adjusted on multiple occasions in the most recent progress notes provided. In addition, the patient recently saw an orthopedic surgeon who requested a bone scan, and there is no documentation from a surgeon stating the patient is not a surgical candidate. Therefore, the request for a functional restoration program was not medically necessary.