

Case Number:	CM14-0018750		
Date Assigned:	04/18/2014	Date of Injury:	06/19/2001
Decision Date:	07/02/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Rehabilitation, 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 50 year old male who reported an injury on 6/19/01. A physician's progress report dated 12/9/13 found the injured worker complaining of acute right leg weakness. He complained of severe low back pain and right leg numbness and intermittent leg weakness. He reported that he developed severe back pain after his last functional restoration program and discharged himself. Afterward, he was seen in the emergency department, prescribed Morphine, and after he finished the Morphine, he was given Norco. He reported that he only improved slightly and was not able to get out of the house or drive due to low back pain. He reported more pain on the right side of his back radiating to his hip that is now axial. He reported feeling more depressed due to medication denial. The last two urine drug screens were inconsistent. The physical exam findings included restricted range of motion with flexion limited to 20 degrees, extension not possible, right lateral bending limited to 5 degrees, and left lateral bending limited to 0 degrees. On palpation of paravertebral muscles, spasm and tenderness was noted. Spinous process tenderness is noted over the sacroiliac joint on the right. Trigger point injections were given.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 DAYS OF A FUNCTIONAL RESTORATION PROGRAM (DIFFERENT FACILITY):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCIONAL RESTORATION PROGRAMS Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCIONAL RESTORATION PROGRAMS Page(s): 31-32.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines outline criteria for the injured worker with regard to functional restoration programs. The criteria is not met with the provided documentation submitted. The injured worker did not improve in function with the last pain management program and discharged himself to the emergency department. The injured worker is requesting more pain medication, which is a predictor of failure of a functional restoration program (prevelant opioid use and increased pretreatment levels of pain). The injured worker does not meet the criteria for success with another session of functional restoration program. As such, the request is not medically necessary.

LODGING CHARGES FOR TWO WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCIONAL RESTORATION PROGRAMS Page(s): 31-32.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.