

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0113805 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 08/24/2012 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 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 records, presented for review, indicate that this 27-year-old individual was reportedly injured on August 24, 2012. The mechanism of injury was noted as lifting. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of low back and leg pains with radiculopathy. The physical examination demonstrated mildly diminished lower extremity strength throughout the entire left lower extremity, diminished left lower extremity reflexes, atrophy of the left gastrocnemius, and a positive straight leg raise on the left. Pain was also present with lumbar range of motion and there was diminished sensation in a dermatomal distribution. The clinician recommended a functional restoration program as well as continuing physical therapy. Diagnostic imaging studies were not provided for this review. Previous treatment included oral anti-inflammatories, antiepileptic medications, opiates, physical therapy, chiropractic therapy, aquatic therapy, epidural injections, and a micro-discectomy/laminectomy on May 23, 2013. A request had been made for a functional restoration program and was not certified in the pre-authorization process on June 23, 2014. The reviewer noncertified the request indicating, that while multiple conservative treatment modalities have been attempted, the progress notes available did not indicate a lack of other conservative options, or indications that a multidisciplinary evaluation with baseline functional testing had occurred. The reviewer also indicates that the request failed to note the number of hours being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL RESTORATION PROGRAM --: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAM -- Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: The MTUS outlines specific criteria that should be met prior to enrollment in a chronic pain program, including functional restoration programs. These criteria include, but are not limited to, baseline functional testing, evidence that previous methods of treating chronic pain have been unsuccessful, and an indication that there is an absence of other options likely to result in clinical improvement. Additionally, the MTUS notes that the claimant should not be a candidate for operative management, unless enrollment in the program is specifically to prevent or avoid controversial or optional surgery. Based on the clinical documentation provided, the claimant fails to meet criteria as outlined by the MTUS. Specifically, baseline functional testing has not occurred. The clinician indicates that the claimant continues to improve with physical therapy and aquatic therapy, and there is no clear indication that there is an absence of other options including potential surgical options to improve this individual's pain. Lastly, the clinician did not indicate the number of hours or days that this request was for. As such, the request is considered not medically necessary.