

Case Number:	CM14-0115210		
Date Assigned:	08/04/2014	Date of Injury:	01/06/2011
Decision Date:	09/23/2014	UR Denial Date:	06/19/2014
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 Family Practice, 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:

67 yr. old male claimant sustained a work injury on 1/6/11 involving the low back. He was diagnosed with lumbar degenerative disc disease, lumbar disc herniation and chronic back pain. He did not qualify for a fusion surgery. A progress note on 6/3/14 indicated the claimant had tenderness the lumbar musculature. There was decreased range of motion of the lumbar spine. Straight leg raise findings were positive on both sides. The claimant had been on oral analgesics, which were continued. Due to chronic pain, he was referred to a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Resoration (FR), Multi-disciplinary Candidate Evaluation.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain program Page(s): 31.

Decision rationale: According to the MTUS guidelines, a FR or Multidisciplinary program is recommended for patients with conditions that put them at risk of delayed recovery. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:(1) An adequate and thorough evaluation has been made, including baseline

functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, there is no documentation on the claimant's motivation or negative predictor's of success. The physician did not specify the number of visits. There is also no indication of a trial of tricyclic antidepressants for pain or a psychiatric evaluation. Therefore the request above is not medically necessary.