

Case Number:	CM14-0121007		
Date Assigned:	08/06/2014	Date of Injury:	10/13/2006
Decision Date:	12/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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:

This is a 60-year-old female with a 10/13/06 date of injury. According to a progress report dated 7/7/14, the patient reported lower back pain that radiated down to both legs. She stated that she did not want any injections and Gabapentin was barely helping her. She has been depressed, deconditioned, and needed coping skills as well as intense physical therapy for her to be able to function. Objective findings: no changes since last visit. Diagnostic impression: post laminectomy lumbar, lumbar radiculopathy. Treatment to date includes medication management and activity modification. A UR decision dated 7/23/14 denied the request for Functional Restoration Program evaluation. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation with MD, PT, Psych: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

Decision rationale: The California 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. However, in the present case, there is no discussion that the patient is motivated to return to work and there are no documented attempts to return to work since her injury of 2006. There is no documentation that the patient is not a surgical candidate. In addition, there is no documentation that other methods of treating chronic pain have been unsuccessful. It is noted that the patient does not want injections, however, there is no rationale provided as to why this is the case. In addition, it is noted that the patient has been depressed, however, there is no documentation explaining how this negative predictor of success would be addressed. Therefore, the request for Functional Restoration Program Evaluation with MD, PT, Psych is not medically necessary.