

Case Number:	CM14-0123078		
Date Assigned:	08/08/2014	Date of Injury:	05/28/2013
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Illinois. 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 41-year-old male who reported an injury on 05/28/2013. The mechanism of injury was not provided for clinical review. The diagnoses included a lumbosacral strain, muscle spasms, facet hypertrophy. Previous treatments included medication, facet joint injections, and injections. The diagnostic testing included an MRI dated 08/06/2013. In a clinical note dated 06/30/2014, it was reported the injured worker complained of pain the low back. He rated his pain as 4/10 in severity. Upon the physical examination the provider indicated that the injured worker had spasms of the lumbar spine. The provider requested a functional rehabilitation program for 12 visits. However, a rationale was not provided for clinical review. The Request for Authorization was submitted on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program; twelve visits: 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 Functional restoration program(Chronic Pain Program) Page(s): 30, 32.

Decision rationale: The MTUS Chronic Pain Guidelines recommend functional restoration program where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. The Guidelines note the indications for performing criteria for the pain management program includes tenderness to palpation in a paravertebral area over the facet region. A normal sensory examination including a negative straight leg raise, absence of radicular findings, although pain may irradiate below the knee, straight leg raise examination. Adequate and thorough evaluation has been made including baseline functional testing, so follow-up with the same tests can note functional improvement. His methods of treating chronic pain have been unsuccessful and there is absence of other options likely to result in significant clinical improvement. The injured worker has significant loss of ability to function independently resulting from chronic pain. The injured worker is not a candidate where surgery or other treatments would clearly be warranted if the goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided. The injured worker exhibits motivation to change and is willing to forego secondary gains including disability to affect this change. Negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy documented by subjective and objective gains. There was lack of documentation indicating the provider had documented baseline functional testing, so follow-up for the same test can note functional improvement. There is lack of significant objective and subjective findings indicating the injured worker had significant loss of the ability to function independently resulting from chronic pain. Therefore, the request is not medically necessary.