MAXIMUS Federal Services

Case Number:	CM14-0126526		
Date Assigned:	09/05/2014	Date of Injury:	10/17/2011
Decision Date:	10/02/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with an injury date of 10/17/2011. Based on the 05/22/2014 progress report, the patient complains of having an aching low back and bilateral leg pain. The patient has a mildly antalgic gait to the right, but is able to heel and toe walk. Upon examination of the spine, the left shoulder remains higher than the right and the right iliac crest is higher than the left. On palpation, there is tenderness over the sciatic notches and the patient defers range of motion. Sensory testing is diminished in the right L5 nerve root distribution on the right. The 07/02/2014 progress report describes the patient as being depressed. The patient is diagnosed with chronic low back pain with bilateral lower extremity radiculitis secondary to underlying DDD with degenerative scoliosis by history, anxiety, depression, and chronic pain syndrome. The utilization review determination being challenged is dated 07/11/2014. Treatment reports were provided from 02/03/2014 - 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 97799Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS Page(s): 31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs Page(s): 49.

Decision rationale: Based on the 07/02/2014 progress report, the patient complains of chronic low back pain and left-sided leg pain. The request is for a functional restoration program. The 05/22/2014 report indicates that the patient has not yet reached maximum medical improvement. The patient's work status was not discussed in either reports provided. MTUS Guidelines do support functional restoration program and allow up to initial 2 weeks of program and additional treatments with documentation of improvement. There is no indication of what kind of treatments the patient has tried before. The initial evaluation is necessary before a full program can be considered. Recommendation is for denial.