MAXIMUS Federal Services

Case Number:	CM14-0131797		
Date Assigned:	08/20/2014	Date of Injury:	03/04/2013
Decision Date:	11/19/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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:

The injured worker sustained a low back injury on 3/4/13 whereby he was bending over and felt a sudden onset of back pain into the right leg. He was reportedly diagnosed with a right L5-S1 disc herniation causing S1 nerve root impingement by MRI on 4/16/13. His examination revealed a positive straight leg raise test, absent right Achilles tendon reflex as compared to the left, decreased sensation along the bottom of the foot and 4+/5 gastroscoleus and hamstring power on the left. Treatment included an unknown number of physical therapy sessions and acupuncture and lumbar epidural steroid injection x2 on 10/13/13 and 7/22/14. On 8/6/14 the primary treating physician requested a Functional Restoration Program evaluation. 8/20/14 records indicate the injured worker was noted to have a pain level of 2/10 and recommended to return back to regular activities by the consulting spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, Chronic Pain Programs Page(s): 1, 31-32.

Decision rationale: The injured worker sustained a herniated disc injury causing right lumbar radiculopathy. His primary treating physician, a chiropractor, initially requested lumbar epidural steroid injections and subsequently functional restoration chronic pain program evaluation. There is a lack of evidence of completion of conservative management such as oral analgesics and physical therapy with a home exercise program. Furthermore there is a lack of physical findings or historical report consistent with a significant loss of ability to function independently as a consequence of chronic pain. The request for functional restoration program evaluation as stated does not meet criteria outlined in MTUS for a multidisciplinary pain management program. Request for functional restoration program is therefore not medically necessary.