

Case Number:	CM14-0157764		
Date Assigned:	10/01/2014	Date of Injury:	08/27/2012
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 Medicine and is licensed to practice in Utah. 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 60 year-old male. The patient's date of injury is 8/27/2012. The mechanism of injury was being struck by a bucket of a Bobcat, with a fall of 6 feet. The patient has been diagnosed with low back pain, lumbar radiculopathy, and chronic pain. The patient's treatments have included imaging studies, injections and medications. The physical exam findings dated Sept 12, 2014 shows muscle testing as -5/5 on the left ankle, sensation in intact, and reflexes 2/4 on the patella and on the ankle bilaterally. The patient's medications have included, but are not limited to, injections, Tramadol, Gabapentin, Tylenol #3, and Nabumetone. The request is for a Functional Restoration Program x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of a functional restoration program: 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 Functional Restoration Program. Page(s): 49.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program.

The clinical records lack documentation that the patient has undergone a functional capacity evaluation to define objective goals. According to the clinical documentation provided and current MTUS guidelines; a Functional Restoration Program x 8 sessions, as written in the request, is not indicated as a medical necessity to the patient at this time.