

Case Number:	CM14-0159451		
Date Assigned:	10/03/2014	Date of Injury:	04/18/2011
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 & 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:

According to the records made available for review, this is a 63-year-old male with a 4/18/11 date of injury. At the time (9/18/14) of request for authorization for Functional Restoration Program initial evaluation (lumbar spine), there is documentation of subjective (persistent axial back pain and intermittent occasional right leg pain) and objective (lumbar spine spasm and guarding, limited range of motion, and significant increased pain with extension and rotation of the lumbar spine particularly on the right lumbar region L4-5 levels; psychological testing revealed high levels of depression, anxiety, and somatic preoccupation noted) findings, current diagnoses (lumbosacral spondylosis, lumbar degeneration, sciatica, and lumbar disc displacement without myelopathy), and treatment to date (medications, chiropractic, physical therapy, massage, home exercise program, activity modification, diagnostic facet injections, and TENS). Medical records identifies that the patient is not a surgical candidate. There is no documentation that there is an absence of other options likely to result in significant clinical improvement; that the patient is not a candidate for other treatments; and that the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program initial evaluation (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, lumbar degeneration, sciatica, and lumbar disc displacement without myelopathy. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and that the patient is not a candidate for surgery. However, there is no documentation that there is an absence of other options likely to result in significant clinical improvement; that the patient is not a candidate for other treatments; and that the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program initial evaluation (lumbar spine) is not medically necessary.