

Case Number:	CM14-0166374		
Date Assigned:	10/13/2014	Date of Injury:	05/11/2012
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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:

This patient is a 37-year-old male with an injury date of 5/11/12. Based on the 9/17/14 progress report signed off by [REDACTED], this patient "continues to have low back pain with occasional radiation into the left lower extremity to the foot," however, his "axial back pain is worse than his lower extremity symptoms." This patient is status post diagnostic lumbar face injection on 10/15/13 and medial blocks on 3/04/14. He also had Right Carpal Tunnel Surgery on 7/14/14. Diagnosis for this patient is spondylosis lumbosacral. Work status as of 9/29/14: The patient is "Permanent and Stationary," with permanent work restrictions. The utilization review being challenged is dated 9/29/14. The request is for a decision for initial evaluation at [REDACTED] [REDACTED] Functional Restoration Program. The requesting provider is [REDACTED] and he has provided various reports from 5/14/14 to 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation at [REDACTED] Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General use of Multidisciplinary Pain Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Functional Restoration Program, Chapter 7, pages, 137-138

Decision rationale: This patient presents with "significant pain in his low back" with occasional radiation into the left lower extremity to the foot. The treater requests a decision for initial evaluation at [REDACTED] Functional Restoration Program. ACOEM guidelines do not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work, but FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician." The 5/20/14 AME report notes this patient is "not a surgical candidate for his back or upper extremities" and "conservative treatment has been exhausted including injections and therapy." Furthermore, this patient has also been "using morphine sulfate ER 60mg daily, but still has "significant pain in his low back." Given that conservative treatment options have been exhausted and this patient is not a surgical candidate, an initial evaluation at a functional restoration program seems reasonable as recommended by the AME report, to establish physical abilities, and eventually, facilitate a transition for return to work.