

Case Number:	CM14-0169600		
Date Assigned:	10/17/2014	Date of Injury:	05/20/2009
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 39-year-old male. The patient has low back pain, bilateral leg pain, neck pain, and left shoulder and arm pain. The patient had left ankle surgery performed in January 2011. The patient had low back surgery consisting of lumbar fusion in 2011. Lumbar MRI shows L3-4-3 millimeters disc protrusion. The patient continues to have severe pain radiating into his legs. He also has severe neck pain and shoulder pain. The patient had L3 for lumbar fusion. The patient has been diagnosed with post laminectomy syndrome. He takes Norco and Flexeril for pain. He's also diagnosed with chronic left ankle sprain. At issue is whether functional restoration evaluation is medically necessary.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: Patient does not meet MTUS criteria for functional restoration program. The patient has a date of injury over 2 years ago and has been taking chronic narcotics. There is

no documentation of any significant improvement in the patient's symptoms with previous narcotic use. MTUS guidelines do not recommend chronic narcotic usage for patient to have chronic pain. The patient has chronic pain and multiple regions of his body. Additional narcotic usage is not medically necessary. Therefore functional restoration evaluation is not medically necessary.