

Case Number:	CM14-0173477		
Date Assigned:	10/24/2014	Date of Injury:	10/27/2011
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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, 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:

The patient is a 32-year-old male with date of injury of 10/27/2011. The listed diagnosis per [REDACTED] from 07/09/2014 are: Idiopathic sprain/strain Malignancy Pelvic disease Spondylosis Infection Renal Disease Compression Fracture Inflammatory Spondyloarthropathy Aortic aneurysm Traumatic fracture osteochondrosis Gastrointestinal disease Alignment disorders According to this report, the patient complains of back pain. The pain is described as stabbing and shooting. It radiates to the left thigh and left foot. He rates his pain 6/10. Examination shows pain in the SI joints. Negative SLR test in the bilateral lower extremities. He has no cervical adenopathy. The patient exhibits normal muscle tone. Coordination is normal. The documents include an operative report from 04/17/2014 for an excision of mass. AME reports from 02/12/2013 and 06/12/2013, physical therapy reports from 04/03/2014 to 04/21/2014 and a chiropractic report from 11/13/2013. The utilization review denied the request on 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain programs (functional restoration programs) Page(s): 30.

Decision rationale: This patient presents low back pain. The treater is requesting a functional restoration program consultation. The MTUS Guidelines supports functional restoration program given that the patient meets specific criteria. To determine the patient's candidacy, a full evaluation is appropriate to obtain. Given the patient's chronic and persistent pain, a functional restoration program consultation is reasonable and is consistent with the MTUS Guidelines. The request is medically necessary.