

Case Number:	CM14-0183964		
Date Assigned:	11/10/2014	Date of Injury:	08/17/2005
Decision Date:	12/16/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 46 year-old male. The patient's date of injury is 8/17/2005. The mechanism of injury not stated in the clinical documents. The patient has been diagnosed with failed back syndrome, bilateral lumbar radiculopathy, Diabetes, GERD, chronic reactive clinical depression, and chronic opioid tolerance. The patient's treatments have included multiple lumbar surgeries, spinal cord stimulator trials and medications. The physical exam findings dated Sept 7, 2014 shows the patient in no acute distress. The back is reported with no costovertebral angle tenderness. The Dorsalis pedis pulses are 2+ bilaterally, with no pedal edema. The neurological exam states the patient is alert and oriented, with cranial nerves intact grossly. The patient's medications have included, but are not limited to, Invokana, Fentanyl, Roxicodone, Lyrica, Prozac, Wellbutrin, Seroquel, Lorazepam, Metformin, Januvia, and Glipizide. The request is for a chronic pain functional rehab consultation/functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain functional rehab consultation/ functional restoration programs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 7, 31-34.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a chronic pain functional rehab consultation/functional restoration program. MTUS guidelines state the following: Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity. The goals of the program are to help the individual re-assume primary responsibility for their well-being. According to the clinical documentation provided and current MTUS guidelines; the chronic pain functional rehab consultation/functional restoration program is indicated as a medical necessity to the patient at this time.