MAXIMUS Federal Services

Case Number:	CM14-0020068		
Date Assigned:	04/25/2014	Date of Injury:	07/24/2012
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 and is licensed to practice in Texas. 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 injured worker is a 27-year-old male who sustained an injury to his low back on 07/24/12. The mechanism of injury was not documented. Plain radiographs of the lumbar spine revealed no spondylolisthesis or scoliosis with minimal spondylosis and degenerative changes. MRI of the lumbar spine revealed developmental/congenital stenosis and right L5-S1 disc protrusion. Combined with facet arthropathy, this resulted in moderate to severe right lateral recess stenosis and compression of the traversing right S1 nerve root. It was reported that the injured worker had failed conservative management including observation, medications, physical therapy and spinal injection. The injured worker was considered a candidate for surgical intervention, as spinal surgery would likely improve the injured worker's pain; function and health related quality of life. Right lumbar (L5-S1) laminectomy and micro discectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL INTERDISCIPLINARY EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: The request for initial interdisciplinary evaluation is not medically necessary. The previous request was denied on the basis that the injured worker reported doing well following surgery and denied any significant back or leg pain. He was not on any medications and could walk for three miles. He had full range of motion, muscle strength and sensation was intact. It was reported that the documentation did not describe findings suggesting that the injured worker would require an intensive multidisciplinary functional restoration program versus attempts to return to work; therefore, the requested evaluation was not indicated as medically necessary. There was no additional supporting information provided that would indicate medical necessity of the request for two weeks treatment in a functional restoration program. Given the clinical documentation submitted for review, medical necessity of the request for initial interdisciplinary evaluation has not been established.

TWO WEEKS TREATMENT IN A FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30.

Decision rationale: The request for two weeks treatment in a functional restoration program is not medically necessary. The previous request was denied on the basis that the injured worker reported doing well following surgery and denied any significant back or leg pain. He was not on any medications and could walk for three miles. He had full range of motion, muscle strength and sensation was intact. It was reported that the documentation did not describe findings suggesting that the injured worker would require an intensive multidisciplinary functional restoration program versus attempts to return to work; therefore, the requested evaluation was not indicated as medically necessary. There was no additional supporting information provided that would indicate medical necessity of the request for two weeks treatment in a functional restoration program. Given the clinical documentation submitted for review, medical necessity of the request for two weeks treatment in a functional restoration program has not been established.