

Case Number:	CM14-0021170		
Date Assigned:	04/23/2014	Date of Injury:	04/02/2013
Decision Date:	07/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/16/2014

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:

The patient is 40 years old with an injury date on 4/2/13. Based on the 1/9/14 progress report provided by [REDACTED] the diagnoses are Lumbosacral sprain and strain and L5-S1 lumbar degenerative disc disease. Exam of the L-spine on 1/9/14 showed "hypolordosis. There is tenderness bilaterally in the paraspinal muscles and also in the midline L5-S1 area. There is some buttock tenderness, left greater than right. Range of motion is 10 degrees in extension and 35 degrees in flexion with guarding and spasm. Right and left bending are 20/20. Straight leg raising is associated with bilateral buttock pain." [REDACTED] is requesting multidisciplinary evaluation for candidacy for a functional restoration program. The utilization review determination being challenged is dated 2/3/14 and refutes request because patient is currently working full time as a plumber. [REDACTED] is the requesting provider, and he provided treatment reports from 8/7/13 to 1/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY EVALUATION FOR CANDIDACY FOR 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 Medication Treatment Guidelines, Chronic pain programs (functional restoration programs)
Page(s): 30-32.

Decision rationale: The MTUS Guidelines recommends multidisciplinary pain management programs when (1) an adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) The patient has significant loss of function from chronic pain (4) The patient is not a candidate for surgery (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. In this case, the patient does not present with a significant loss of function and is still working full time. For Functional restoration program, a significant functional loss from pain and injury is required. The requested evaluation for functional restoration programs is not indicated by MTUS guidelines for the patient's condition. Therefore, the request for a multidisciplinary evaluation for candidacy for a functional respiration program is not medically necessary and appropriate.