

Case Number:	CM14-0021817		
Date Assigned:	05/05/2014	Date of Injury:	09/26/1999
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 Surgeon, and is licensed to practice in Maryland. 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 48 year old female whose date of injury is 9/26/99. The mechanism of injury was picking up boxes and baskets. EMG/NCV dated 12/1/12 revealed evidence of bilateral L5 radiculopathy. A lumbar MRI dated 11/15/13 revealed a grade 3/5 right sided inferiorly extruded disc herniation at L4-5 with mild mass effect on the thecal sac, as well as mild posterior displacement of the proximal S1 nerve root with loss of the anterior epidural fat. A progress note dated 1/20/14 indicates that her back is continuing to give her problems. She is noted to have significant depression. The injured worker was recommended to be seen by a pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTIDISCIPLINARY FUNCTIONAL RESTORATION PROGRAM EVALUATION, FOR CHRONIC PAIN DUE TO LUMBAR SPINE DISORDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The injured worker's date of injury is over 14 years old. The California MTUS guidelines generally do not support functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. It appears that the injured worker is still being recommended for lower levels of care such as psychological treatment, epidural steroid injection, and physical therapy. Therefore, lower levels of care have not been exhausted, and the injured worker is not an appropriate candidate for this tertiary level program. As such, the request is not medically necessary.