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| Case Number: | CM14-0028637 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 03/10/2013 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 33-year-old female with a 3/10/13 date of injury. At the time (2/3/14) of the request for authorization for interdisciplinary evaluation for functional restoration program at [REDACTED], there is documentation of subjective (a lot of pain and discomfort in low back and tailbone) and objective (improvement of lumbosacral range of motion, positive straight leg raising test of the legs) findings, current diagnoses (status post fall, posttraumatic myofascial pain syndrome, coccydynia, lumbosacral radiculopathy, and lumbosacral sprain/strain injury), and treatment to date (medication, exercise program, and activity modification). There is no documentation of that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM @ [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of status post fall, posttraumatic myofascial pain syndrome, coccydynia, lumbosacral radiculopathy, and lumbosacral sprain/strain injury. However, there is no documentation of that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for interdisciplinary evaluation for functional restoration program at [REDACTED] is not medically necessary.