

Case Number:	CM14-0032468		
Date Assigned:	04/28/2014	Date of Injury:	09/14/2011
Decision Date:	06/02/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 Pain Management, 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 a 29 year old male with an injury date of 09/14/13. Based on the 12/13/13 progress report by [REDACTED] the patient is 18 months status post L4-S1 laminoforaminotomy and discectomy, L5-S1, with a moderate component of back pain and occasional posterior buttock pain. The patient is unable to perform work related activities such as bending, twisting, or lifting. The 07/12/13 progress report provided by [REDACTED], claims that the patient complains of pain down the right buttock area. There is tenderness to palpation over the bilateral para-lumbar area and straight leg raise test is positive bilaterally. The patient's diagnoses include the following: 1. Post L4-S1 laminoforaminotomy 2. Chronic discogenic low back pain 3. Major depressive disorder 4. Anxiety disorder The 11/09/12 MRI shows disc extrusion with right S1 root impingement. [REDACTED] is requesting for a functional restoration program to see if the patient can return to some type of employment. The utilization review determination being challenged is dated 01/13/14 and recommends denial of the functional restoration program. [REDACTED] is the requesting provider, and he provided treatment reports from 07/12/13- 12/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPS), CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS).

Decision rationale: According to the 12/13/13 progress report, the patient presents with 18 months status post L4-S1 laminoforaminotomy and discectomy, L5-S1, with a moderate component of back pain and occasional posterior buttock pain. The request is for a functional restoration program. MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. An evaluation must first take place and address certain issues like motivation to change or negative predictor to success, before treatment is recommended. Recommendation is for denial.