

Case Number:	CM14-0032630		
Date Assigned:	06/20/2014	Date of Injury:	05/09/2013
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 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:

This is a male patient with the date of injury of May 9, 2013. A Progress Report dated February 26, 2014 identifies he spends most of his day at home, leads a very sedentary life, not able to do house work or yard work due to pain. He does a home program to help with ongoing self management. He is currently undergoing acupuncture. He reports he only takes medication as needed. Physical exam identifies he cannot do a heel and toe gait due to pain. AROM of the lumbar spine decreased at least 50% in all directions due to pain, especially extension. Motor strength testing elicits breakaway weakness bilaterally in the LE. Has diffuse tenderness to palpation with active myofascial trigger points of the low back and hip girdle. Diagnoses identify lumbar/lumbosacral disc degeneration. Discussion and Plan identify given the lack of authorization for treatment, authorization for an evaluation at the [REDACTED] functional restoration program is requested. Treatment options are said to be drying up with a recent denial for facet injections. The plan was to pursue the injections followed by an active spine rehab program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for functional restoration program evaluation, California MTUS supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no statement indicating that the patient has lost the ability to function independently. It is noted that facet injections were planned, and as such there is no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested functional restoration program evaluation is not medically necessary and appropriate.