

Case Number:	CM14-0037895		
Date Assigned:	06/25/2014	Date of Injury:	05/02/1985
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/31/2014

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 Medicine and is licensed to practice in Texas. 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 53 year old male who reported an injury regarding his lumbar region. No information was submitted regarding a description of the initial injury. The utilization review dated 03/11/14 resulted in a denial for a multi-disciplinary evaluation for a functional restoration program as no significant loss of ability was identified in the clinical information that had been submitted at that time and the injured worker was not identified as having a job to return to. The magnetic resonance image of the lumbar spine dated 10/10/13 revealed mild central stenosis at the L4-5 level as well as a previous laminectomy at the L5 level. A broad based circumferential posterior disc osteophyte complex was identified causing pressure on the anterior aspect of the thecal sac. The clinical note dated 12/10/13 indicates the injured worker having previously been utilizing physical therapy, a transcutaneous electrical nerve stimulation unit, massage, an exercise program, as well as previous surgery and chiropractic treatments. The note indicates the injured worker's past surgical history is significant for a lumbar laminectomy in 1997, an anterior cervical discectomy and fusion in 2000, and a Mumford procedure on the left in 2001. Upon exam, tenderness was identified at the gluteal musculature. The injured worker was able to demonstrate full strength without any significant deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP evaluation (multidisciplinary evaluation 1 day for a functional restoration program) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-33.

Decision rationale: The documentation indicates the injured worker complaining of ongoing lumbar region pain. Inclusion into a functional restoration program is indicated for injured workers who have ongoing significant functional deficits and the injured worker has been identified as having a job to return to. No information was submitted regarding the injured worker's significant functional deficits associated with the low back region. Additionally, no information was submitted confirming a job to return to for the injured worker upon completion of a multi-disciplinary program. Given these factors, the request is not indicated as medically necessary.