

Case Number:	CM14-0042644		
Date Assigned:	06/30/2014	Date of Injury:	03/19/2013
Decision Date:	08/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of March 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a progress note of April 8, 2013, the applicant was asked to pursue 12 sessions of physical therapy for the lumbar spine. The applicant was placed off of work, on total temporary disability. The applicant was using Naprosyn, Prilosec, and Ketoprofen Gel. In a later progress note of March 3, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was asked to pursue six sessions of functional restoration for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration for lumbar spine (six sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program (Functional Restoration Program) topic Page(s): 32.

Decision rationale: As noted on page 32 of the California MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for pursuit of functional restoration program include evidence that an adequate and thorough precursor evaluation has been completed in applicants in whom previous methods of treatment of chronic pain have been unsuccessful, and in whom there is an absence of other options likely to result in significant clinical improvement. In this context, a trial of 10 visits may be recommended. The MTUS also notes that there should be evidence that an applicant is motivated and willing to change and, is, moreover, willing to forego disability payments to effect said change. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence that the applicant is willing to forego secondary gains, including disability payments, to improve. There is no evidence that the applicant is intending on returning to the workplace and/or workforce. There is no evidence that the applicant has had a baseline precursor evaluation before the functional restoration program was considered. Therefore, the functional restoration for the lumbar spine is not medically necessary.