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| Case Number: | CM14-0042911 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 10/29/2012 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 03/28/2014 |
| 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 Physical Medicine and Rehabilitation, 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 54-year-old male with an injury date of 10/29/12. Based on the 03/10/14 progress report provided by [REDACTED], the patient complains of chronic low back pain. Patient is status post lumbar facet diagnostic injection (02/25/14). The patient's diagnoses include the following: Degeneration lumbar lmb sac di, Lumbar disc displacement without myelopathy, Disorders sacrum, Sciatic, Long-term use of medication N, and Therapeutic drug monitor [REDACTED] is requesting for a functional restoration program initial evaluation. The utilization review determination being challenged is dated 03/28/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/12/13- 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program initial evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 49 Page(s): 49.

Decision rationale: According to the 03/10/14 report by [REDACTED], the patient presents with chronic low back pain. The request is for a functional restoration program initial evaluation. The California MTUS guidelines pg. 49 recommends functional restoration programs for chronic pain. A 2-week program is recommended if all of the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient's chronic pain, recommendation is for authorization of the requested evaluation. Therefore, the request is medically necessary.