

Case Number:	CM14-0047427		
Date Assigned:	07/02/2014	Date of Injury:	12/13/2012
Decision Date:	08/13/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 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:

According to the records made available for review, this is a 50-year-old female with a 12/13/12 date of injury. At the time (3/25/14) of request for authorization for functional restoration program eval for lumbar spine, there is documentation of subjective (significant pain and discomfort in the low back and leg) and objective (decreased lumbar range of motion, positive straight leg raising test of the legs, and multiple myofascial trigger points in the lumbosacral paraspinal musculature) findings, current diagnoses (myofascial pain syndrome, lumbosacral disc injury, lumbosacral radiculopathy, and lumbosacral sprain/strain injury), and treatment to date (medications, physical therapy, chiropractic therapy, injections, exercises, and acupuncture). In addition, medical report identifies that the patient has failed all conservative treatment measures, the patient is not a surgical candidate, and has a chronic pain condition affecting her ability to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM EVAL FOR LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN GUIDELINES Page(s): 31, 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that 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; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses myofascial pain syndrome, lumbosacral disc injury, lumbosacral radiculopathy, and lumbosacral sprain/strain injury. In addition, there is documentation that 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; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for functional restoration program eval for lumbar spine is medically necessary.