

Case Number:	CM14-0047434		
Date Assigned:	09/10/2014	Date of Injury:	01/13/1999
Decision Date:	10/16/2014	UR Denial Date:	03/21/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 whose date of injury is 01/13/1999. The mechanism of injury is not described. Note dated 02/12/14 indicates that the injured worker has been recommended for hotel accommodations to complete authorized functional restoration program sessions. Progress report dated 03/14/14 indicates that diagnoses are lumbosacral disc injury, lumbosacral sprain/strain, and lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 2 weeks hotel accommodations, as an outpatient for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program (functional restoration program) Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program for 2 weeks hotel accommodations as an outpatient for low back pain is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the

patient's response thereto submitted for review. The injured worker's date of injury is over 15 years old. The MTUS guidelines do not generally support functional restoration programs for injured workers who have been continuously disabled for greater than 24 months. There is no current, detailed physical examination submitted for review. There is no clear rationale provided to support hotel accommodations, and it should be noted that this request is not for medical treatment. Therefore, medical necessity of the request is not established in accordance with the MTUS guidelines. Such as, Functional Restoration Program for 2 weeks hotel accommodations, as an outpatient for low back pain is not medically necessary.