

Case Number:	CM14-0048080		
Date Assigned:	07/02/2014	Date of Injury:	06/02/2012
Decision Date:	10/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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:

Medical Records reflect the claimant is a 39 year old male who was injured on 06/02/2012. The mechanism of injury is unknown. Prior treatment history has included lumbar epidural steroid injection. Progress report dated 03/10/2014 indicates the patient presented with a complaint of low back pain, radiculitis right lower extremity and right ankle pain. He has been treated with therapy and medications with minimal relief. Objective findings on exam revealed no tenderness or spasm of the lumbar spine. Motor testing is 5/5 in all muscle groups of the lower extremities. He is able to heel-to-toe without difficulty. Range of motion of the lumbar spine revealed flexion to 60 degrees with pain; extension to 30 degrees with pain; rotation to 15 degrees bilaterally; and lateral bending to 30 degrees bilaterally. He has positive straight leg raise right lower extremity. His sensation is decreased over the L5-S1 nerve root distribution in the right lower extremity. Right ankle exam revealed positive tenderness over the anterior talofibular region. His ankle range of motion revealed dorsiflexion to 30 degrees bilaterally; plantar flexion to 40 degrees bilaterally; inversion to 30 bilaterally; and eversion to 10 degrees bilaterally. He is diagnosed with low back pain, radiculitis right lower extremity; rule herniated disc of the lumbar spine; rule out degenerative disk disease of the lumbar spine; and right ankle-rule out internal derangement. This patient was referred a functional restoration program as per RFA dated 03/27/2014. Prior utilization review dated 04/03/2014 states the request for Physical Medicine Procedure is denied as guideline criteria have not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - functional restoration program

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that these programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The medical records document the claimant is being considered for surgery. Additionally, there is an absence in documentation noting that this claimant has had baseline evaluation with a Functional Capacity Evaluation to determine his candidacy. Therefore, based on Chronic Pain Medical Treatment Guidelines and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.