MAXIMUS Federal Services

Case Number:	CM14-0049589		
Date Assigned:	07/07/2014	Date of Injury:	08/21/2000
Decision Date:	08/22/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 Management 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 49-year-old male with a 8/21/00 date of injury. At the time of the request for authorization for the initial evaluation of Functional Restoration Program, there is documentation of subjective (flare up of pain and discomfort and shooting pain) and objective (decreased lumbosacral range of motion, motor strength 5/5 in lower extremities, and positive straight leg raising test) findings. The current diagnoses are lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain injury, and myofascial pain syndrome. The treatment to date includes electro-acupuncture (with good response), lumbar epidural steroid injections, and medications (including Norco). There is no documentation that 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 31-32.

Decision rationale: The 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 of lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain injury, and myofascial pain syndrome. In addition, there is documentation that the patient exhibits motivation to change. Furthermore, given documentation of conservative treatment (acupuncture, injections, and medications), there is documentation that previous methods of treating chronic pain have been unsuccessful. However, there is no documentation that 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. Therefore, based on guidelines and a review of the evidence, the request for Initial evaluation of Functional Restoration Program is not medically necessary.