

Case Number:	CM14-0052097		
Date Assigned:	07/07/2014	Date of Injury:	02/07/2011
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

This is a male patient with the date of injury of February 7, 2011. A Utilization Review was performed on March 28, 2014 and recommended non-certification of initial multidisciplinary evaluation for functional restoration program. A Visit Note dated March 19, 2014 identifies Subjective Complaints of low back and ankle pain. He is still feeling nervous and depressed. A objective finding identifies the patient to be in moderate pain, to be lethargic, fatigued, flat affect, and a poor historian, pain with range of motion exercises, sitting, standing, and transitioning between positions. The diagnoses identify pain in joint lower leg, pain in joint ankle foot, and spondylosis lumbosacral. The treatment plan identifies functional restoration program evaluation. There is note that the patient will most likely not respond to interventional type treatments such as injections and is not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30-34 and 49 of 127. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding the request for initial evaluation for functional restoration program, the California MTUS supports chronic pain programs/functional restoration programs when: 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; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. Within the medical information available for review, there is no statement indicating that the patient has lost the ability to function independently. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of clarity regarding the above issues, the currently requested initial evaluation for functional restoration program is not medically necessary.