

Case Number:	CM14-0053774		
Date Assigned:	05/14/2014	Date of Injury:	07/01/1998
Decision Date:	07/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 Interventional Spine 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:

The patient is a 48 year old male with an injury date of 07/01/98. Based on the 02/18/14 progress report provided by [REDACTED] the patient complains of low back pain, neck/thoracic pain, and chronic occipital headaches. The patient is diagnosed with multilevel minimal degenerative disease. The 03/27/14 report states that a MRI of the cervical spine reveals mild degenerative disc disease at C5-C6 and a MRI of the lumbar spine reveals degenerative disc disease at L4-L5 and L5-S1, with an annular tear present at L4-L5. [REDACTED] is requesting for one functional restoration program evaluation. The utilization review determination being challenged is dated 04/15/14. The rationale is that there is no documentation of the patient's inability to function independently and that the MRIs had minimal degenerative disc disease. [REDACTED] is the requesting provider, and he provided treatment reports from 11/04/13- 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FUNCTIONAL RESTORATION PROGRAM EVALUATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: According to the 02/18/14 report by [REDACTED], the patient presents with low back pain, neck/thoracic pain, and chronic occipital headaches. The request is for one functional restoration program evaluation. California MTUS guidelines pg. 49 recommends functional restoration programs for chronic pain. A two week program is recommended if all of the criteria are met. In this case, the request is for an evaluation to determine the patient's candidacy for a functional restoration program. Given the patient's chronic pain, this request is medically necessary.