

Case Number:	CM14-0055912		
Date Assigned:	07/09/2014	Date of Injury:	04/18/2010
Decision Date:	12/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 is a claimant is a 45 year old male who sustained a work injury on 4-18-10. On this date, she injured her low back while lifting a patient. Office visit on 4-7-14 notes the claimant has cervical and lumbar pin with radiculopathy. On exam, the claimant had cervical and lumbar spine tenderness with restricted range of motion. The claimant has positive Patrick's test, SI joint pain, and decrease sensation along the poster lateral aspect of the left, intact motor strength. SLR was positive bilaterally. There was a request for a neurosurgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration program; CPMP Page(s): 30-34, 49.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that FRP are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs). Under

chronic pain programs, it is noted that the claimant is not a candidate if there is surgery recommended. Medical records reflect this claimant was referred for neurosurgery consult. There is an absence in documentation noting that this claimant is not a surgical candidate, which is a contraindication. Therefore, the medical necessity of this request is not established.