

Case Number:	CM14-0064258		
Date Assigned:	07/11/2014	Date of Injury:	08/24/2012
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records presented for review indicate that this 47 year-old individual was reportedly injured on 8/24/2012. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 6/3/2014. Indicates that there are ongoing complaints of low back pain that radiates down the left lower extremity. The physical examination demonstrated: neurological-Romberg is negative with normal heel-to-toe gait, sensation normal to light touch in all 4 extremities. Lumbar spine: positive tenderness to palpation left paraspinal muscles and right PSIS, decreased range of motion 50% of normal, with pain. Bilateral lower chemise muscle strength 5/5 reflexes 2+ equal and bilateral. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, injections, physical therapy, aquatic therapy, medications, and conservative treatment. A request had been made for functional restoration program consult and one time visit, and was not certified in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 1 Consult and 1 Time Visit: 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) Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per MTUS guidelines. After review of the available medical records, the claimant does not meet required criteria as there is no plan for him to return to work. Furthermore, the claim is participating in physical therapy and aquatic therapy, but there is no documentation stating the benefit of this treatment. Also there is no documentation of the failure/inability to return to work. As such, this request is not considered medically necessary.