

Case Number:	CM14-0064910		
Date Assigned:	07/11/2014	Date of Injury:	04/27/2012
Decision Date:	08/21/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/08/2014

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 injured worker is a 25-year-old male who was reportedly injured on April 27, 2012. The mechanism of injury was noted as lifting a log of wood and steel. The most recent progress note dated July 2, 2014, indicated that there were ongoing complaints of low back pain with occasional left lower extremity symptoms. There was stated to be 70% improvement with current pain medications. At this point, the injured employee has completed two weeks of a functional restoration program. The physical examination demonstrated tenderness along the lumbosacral spine with decreased lumbar range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not commented on. Previous treatment included home exercise. A request was made for a functional restoration program and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, QTY: 2 (weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Criteria for the general use of multidisciplinary pain management programs, Functional restoration programs (FRPs) Page(s): 30-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for participation in a multidisciplinary pain management program includes: baseline functional testing to assess functional improvement, and also that previous methods of treating chronic pain have been unsuccessful. According to the attached medical records the injured employee has not participated in any baseline functional testing. Furthermore, it was stated that the current medication regimen provided the injured employee 70% pain relief. For these reasons, this request for participation in a functional restoration program is not medically necessary.