

Case Number:	CM14-0065995		
Date Assigned:	07/11/2014	Date of Injury:	02/18/2010
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 patient with a date of injury of 2/18/10. A utilization review determination dated 4/9/14 recommends non-certification of an functional restoration program evaluation. 3/19/14 medical report identifies no improvement in back pain. There is tingling down the LLE. Current medications are not giving any significant relief. He is awaiting authorization for lumbar epidural injections. On exam, there is limited range of motion, decreased sensation in the L4 and L5 nerve root distributions on the left, and shoulder tenderness bilaterally. Recommendations included ESI and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Restoration Multidisciplinary Candidate Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for a Functional Restoration Multidisciplinary Candidate Evaluation, California Medical Treatment Utilization Schedule (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 documentation that the patient has lost the ability to function independently and that there are no other treatment options available. It appears that the provider has recommended additional treatment including epidural steroid injections. Additionally, there is no discussion regarding motivation to change and negative predictors of success. In the absence of such documentation, the currently requested Functional Restoration Multidisciplinary Candidate Evaluation is not medically necessary.