

Case Number:	CM14-0074974		
Date Assigned:	07/16/2014	Date of Injury:	09/30/1993
Decision Date:	08/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 61-year-old male with date of injury of 9/30/93. The listed diagnoses per [REDACTED] are right L5 and L4 lumbar radiculopathy, hypertension, opiate tolerance, axial low back pain, new symptoms in the lower thoracic area with myofascial tenderness, significant trigger points, twitch response in the gluteus medius and lumbar paraspinal muscles, and right shoulder pain secondary to rotator cuff injury. According to this report, the patient complains of ongoing low back pain. The patient also has signs and symptoms of right shoulder impingement syndrome. He states that currently his ongoing pain is in the right lower limb greater than the left lower limb. The patient states that the pain in the right lower limb is more like pins and needles sensation. He also complains of right shoulder pain with forward movement, lifting, and reaching over his head. The patient states that medications gave him some relief, but not improved functioning. The objective findings show the patient has a mildly antalgic gait with lumbar lordosis. Shoulder range of motion is limited in forward flexion by 50%. The electrodiagnostic studies performed on 9/19/12 showed evidence of a right L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary Evaluation for Functional Restoration Program X 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

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

Decision rationale: The MTUS Guidelines support Functional Restoration Programs given that the patient meets specific criteria. To determine that patient's candidacy, a full evaluation is appropriate to obtain. Given the patient's chronic and persistent pain with functional deficits, a Functional Restoration Program evaluation appears reasonable and consistent with the MTUS Guidelines. As such, the request is medically necessary.