

Case Number:	CM14-0099489		
Date Assigned:	08/01/2014	Date of Injury:	07/25/2008
Decision Date:	10/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 53-year-old female was reportedly injured on July 25, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated September 30, 2014, indicated that there were ongoing complaints of neck pain, low back pain, bilateral foot pain, and left hip pain. The physical examination demonstrated decreased cervical and lumbar spine range of motion. There was a positive straight leg raise test on the right at 35. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L3-L4 and L5-S1. Previous treatment included lumbar spine surgery, physical therapy, and oral medications. A request had been made for a functional restoration program and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, No Duration/Frequency Indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Care.

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 functional restoration program includes documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options, and that the injured employee has a significant loss of ability to function independently as a result of the chronic pain. The attached medical record does not indicate that the injured employee meets these two criteria in the progress note dated September 30, 2014 and indicates that the injured employee is able to participate in activities of daily living with the current medication usage. Considering this, the request for a functional restoration program is not medically necessary.