

Case Number:	CM14-0134086		
Date Assigned:	08/27/2014	Date of Injury:	09/16/2013
Decision Date:	05/04/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 34 year old male who sustained an industrial injury on 09/16/13. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, chiropractic treatments, and ankle surgery. Diagnostic studies include a MRI of the lumbar spine. Current complaints include low back pain with radiation to the buttocks and groin, numbness and tingling in the left foot and ankle, left ankle pain, bilateral knee pain, and neck pain and headaches. In a progress note dated 07/07/14 the treating provider reports the plan of care as physical therapy for the lower back and a Functional Restoration Program. The requested treatment is a multidisciplinary Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Multidisciplinary Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs). Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 31-32, 49.

Decision rationale: The requested Referral to a Multidisciplinary Restoration Program, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The treating physician has not sufficiently documented all failed conservative treatment trials. The injured worker has low back pain with radiation to the buttocks and groin, numbness and tingling in the left foot and ankle, left ankle pain, bilateral knee pain, and neck pain and headaches. The criteria noted above not having been met, Referral to a Multidisciplinary Restoration Program is not medically necessary.