

Case Number:	CM14-0194629		
Date Assigned:	12/02/2014	Date of Injury:	10/23/2009
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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, 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 52-year-old female with date of injury of 10/23/2009. The listed diagnoses from 11/05/2014 are lumbar degenerative disc disease, lumbar discogenic pain, chronic low back pain, chronic bilateral L4 - L5 radiculitis, chronic pain syndrome, lumbar myofascial pain, lumbar Facets pain, and depression. According to this report, the patient does not report any thumb pain. She is "very emotional and could not think." The patient states that "She cannot enjoy life due to the fact that her pain is not controlled." The patient is unable to drive secondary to her pain. Her pain level is at 10+/10 without medications and 4-6/10 with pain medications. The examination shows 5/5 bilateral lower extremity strength. Sensation is reduced in the right thigh. Babinski's are plantar bilaterally. There is tenderness over the bilateral L4 - 5 and L5-S1 lumbar paraspinals and pain with lumbar flexion and extension. Straight leg raise elicits low back and buttocks pain. Her gait is slow. The documents include progress reports from 06/02/2014 to 11/05/2014. The utilization review denied the request on 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, p137-139

Decision rationale: This patient presents with chronic low back pain. The MTUS Guidelines supports functional restoration program given that the patient meets specific criteria. To determine the patient's candidacy, a full evaluation is appropriate to obtain. Given the patient's chronic and persistent pain, an FRP consultation is supported by the MTUS guidelines. The request is medically necessary.