

Case Number:	CM14-0205674		
Date Assigned:	12/17/2014	Date of Injury:	07/01/2005
Decision Date:	02/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 Occupational Medicine, 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:

Patient is a 58 year-old female with date of injury 07/01/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/17/2014, lists subjective complaints as low back pain with radicular symptoms to the bilateral buttocks. Objective findings: Examination of the lumbar spine revealed significant tenderness to palpation in the left lumbar facet joints. There was pain with lumbar extension. Flexion reproduced low back pain. No radicular symptoms were noted. Diagnosis: 1. Lumbar spondylosis 2. Cervical spondylosis. Patient is currently engaged in a home stretching exercise program. The patient is currently under the care of a psychologist as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): (s) 29-34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic Pain Programs (Functional Restoration Programs)

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Functional restoration program is not medically necessary.