MAXIMUS Federal Services

Case Number:	CM15-0146242		
Date Assigned:	08/07/2015	Date of Injury:	02/17/2012
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 39 year old male with an industrial injury dated 02-17-2012. The injured worker's diagnoses include chronic intractable pain, annular tear at L4-5, sleep dysfunction secondary to pain and L4-S1 facet arthropathy. Treatment consisted of electromyography (EMG), nerve conduction studies (NCS) of bilateral lower extremities, Magnetic Resonance Imaging (MRI) of the lumbar spine, prescribed medications, radiofrequency ablation on 05-18-2015, facet bocks and periodic follow up visits. In a progress note dated 06-30-2015, the injured worker reported low back pain rated 5 out of 10 with medication and 9 out of 10 without medication. Objective findings revealed normal gait, no evidence of weakness while walking on toes or heels and tenderness to palpitation over the L4-5 and L5-S1 facets. The treating physician reported that the injured worker has back pain from facet arthropathy at L4-S1, which was confirmed by medial branch block. The injured worker was reported to have failed all non-surgical methods, with surgery or function restoration program being his only options. The treating physician reported that the injured worker was not interested in surgery and the treating physician prescribed services for evaluation for functional restoration program, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-33.

Decision rationale: CA MTUS Guidelines state that outpatient rehab programs may be considered medically necessary when certain criteria are met (pg 32). In this case, there is a request for an evaluation for a functional restoration program. In this case, there is no evidence of a significant loss of ability to function independently resulting from chronic pain. There is also no evidence of the patient's motivation to change. Therefore, this request is deemed not medically necessary or appropriate at this time.