

Case Number:	CM15-0203042		
Date Assigned:	10/19/2015	Date of Injury:	05/29/2013
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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

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 50 year old male, who sustained an industrial injury on 5-29-13. He reported lower and middle back pain with shooting pain to the left buttock and leg. The injured worker was diagnosed as having lumbar spine disc injury, lumbar spine strain, lumbar spine radiculopathy, status post lumbar spine surgery, post laminectomy syndrome, chronic low back pain, and failed back pain syndrome. Treatment to date has included back surgery in 2014, lumbar epidural steroid injections, TENS, acupuncture, and medication including Norco. On 8-27-15 physical exam findings included a positive straight leg raise test and decreased lumbar spine range of motion. Myofascial trigger points were noted. Motor strength was noted to be 5 of 5. On 8-13-15, the injured worker complained of low back, left leg, and left buttock pain. On 8-27-15 the treating physician requested authorization for a functional restoration program 2 weeks for 10 days. On 10-6-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 2 weeks for 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. It requires: 1) A functional baseline testing to measure baseline improvement. Meets criteria. 2) Failure of prior chronic pain treatment. Meets criteria. 3) Loss of function due to pain. Fails criteria. While there is noted pain and some limitations in movement, documentation does not specifically state functional limitations or loss. 4) Not a candidate for surgery. Meets criteria. 5) Motivation to change. Fails criteria. There is no documented plans of returning to prior work or plan of change documented. There is only noted subjective claims of desire to change. Without documentation of patient's goals and motivation to change, this criteria is not met. 6) Negative predictors for success has been addressed. Fails criteria. Full report was not provided for review. There is no documentation of assessment of financial, social or psychological negative predictors presented in report. Patient has noted mild depression but no documentation of how that is to be addressed. Documentation does not meet necessary criteria for approval. Functional Restoration Program is not medically necessary.