

Case Number:	CM15-0044101		
Date Assigned:	03/16/2015	Date of Injury:	10/19/2010
Decision Date:	09/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Florida

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:

This 56 year old man sustained an industrial injury on 10-19-2010. The mechanism of injury is not detailed. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, lumbar spinal stenosis with neurological claudication, and degenerative lumbar intervertebral disc. Treatment has included oral medications and surgical intervention. Physician notes dated 2-5-2015 show complaints of hand numbness. Recommendations include functional rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program with integrated pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Programs Page(s): 30-34 of 127.

Decision rationale: A functional restoration program with integrated pain management is being requested. This type of a program is recommended by MTUS guidelines for those individuals who have chronic pain that has not responded to treatment, and whom have had a significant loss

of ability to function independently as a result. Regarding this patient's case, it has been over 5 months since he underwent lumbar surgery, and he is noted to not have any complaints at all. His physical exam is described as normal. Likewise, this patient's case does not meet MTUS guideline criteria for a Functional Restoration program, and this request cannot be considered medically necessary.