

Case Number:	CM15-0047495		
Date Assigned:	03/19/2015	Date of Injury:	06/18/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 6/18/13. He reported initial complaints of pain and laceration to left knee, pain over right hip, bilateral elbows and low back as a result of an industrial injury. The injured worker was diagnosed as having cervical disc degeneration; lumbosacral neuritis; chronic left knee pain following blunt trauma/laceration; gait disturbance; pain-related insomnia; reactive depression/anxiety. Treatment to date has included physical therapy (x24); MRI right knee (10/7/13); MRI lumbar spine (11/11/13); medication. Currently, the injured worker complains of right-sided lower back pain and left knee pain. The injured worker has been taking Naproxen and Voltaren gel that indicates these help the pain and would like to continue medical management and not interested in injections or surgery. The provider is recommending Functional Rehabilitation Program Initial Evaluation as the next step in treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional rehabilitation program initial evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The patient presents with low back pain. The current request is for a functional rehabilitation program initial evaluation. The treating physician states that the patient has tried and failed conservative treatments. He has been diagnosed with depression, anxiety and pain-related insomnia. The MTUS guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Furthermore, the ACOEM guidelines support referral to a specialist to aid in complex issues. In this case, the treating physician indicates that he feels the patient's condition would best be addressed through a functional restoration program evaluation to help determine the best course of care for this patient to help decrease pain and improve function. The current request is medically necessary and recommendation is for authorization.