

Case Number:	CM15-0048551		
Date Assigned:	03/20/2015	Date of Injury:	06/06/2009
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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: Neurology, Pain Management

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 52-year-old female, who sustained an industrial injury on June 6, 2009. She reported a rubber band striking her on the back. The injured worker was diagnosed as having disorders of sacrum, and lumbar sprain, lumbar post-laminectomy syndrome, and sciatica. Treatment to date has included modified duty, medications, ice applications, imaging, heat applications, home exercise program, electrodiagnostic studies, and physical therapy. On February 6, 2015, she was seen for complaints of severe back pain with radiation into the lower extremities. The treatment plan includes: changes in medications, medication refills, follow-up visit in 4 weeks, and recommendation for a functional restoration program. On February 9, 2015, she complains of increasing low back and lower extremity pain. The treatment plan includes: request for functional restoration program evaluation. The request is for an initial evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Evaluation Functional Restoration Program: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain program Page(s): 30-31.

Decision rationale: MTUS supports evaluation is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. The medical records provided for review indicate prior treatment including medications, modified duty, home exercise program and physical therapy. As other conservative treatment is noted to have failed, the insured is supported under MTUS for evaluation for functional restoration program. Therefore, the request is medically necessary.