

Case Number:	CM15-0052929		
Date Assigned:	03/26/2015	Date of Injury:	12/18/2009
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation, 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 43 year old male, who sustained an industrial injury on 12/18/09. He reported back pain. The injured worker was diagnosed as having thoracic of lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, lumbago, and lumbar post laminectomy syndrome. Treatment to date has included bilateral L2-L4 radiofrequency ablation on 12/29/14 and 1/21/15. The injured was also status post posterior L4-5 fusion on 8/5/13. A MRI performed on 6/25/14 was noted to have revealed mild degenerative disc disease of the lumbar spine worst at L3-4 with mild bulge and facet arthrosis. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a function rehabilitation program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional rehabilitation program evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP
Page(s): 30-34.

Decision rationale: Regarding the request for a functional restoration or chronic pain program, California MTUS support these types of programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is documentation that the worker is working with restrictions as a plumber. The worker continues with significant pain and restrictions and utilizes opioid medications. He has had evaluation by psychiatry for depression and psychological disorder secondary to chronic pain. Imaging of the relevant body region has been carried out. It appears the patient would be appropriate to have an initial evaluation to determine whether an FRP is appropriate or not, and to address all of the issues outline above which are pre-requisite to a FRP. The current request is medically necessary.