

Case Number:	CM15-0059722		
Date Assigned:	04/06/2015	Date of Injury:	10/06/2004
Decision Date:	05/05/2015	UR Denial Date:	03/08/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

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 56 year old male, who sustained an industrial injury on 10/6/04. He reported left knee injury followed by low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and pain in lower leg joint. Treatment to date has included epidural steroid injections, knee injections, functional restoration program, left knee surgery, oral medications including opioids, physical therapy and TENS unit. Lumbar (MRI) magnetic resonance imaging and (EMG) Electromyogram studies have been performed. Currently, the injured worker complains of chronic low back with radiation down left lower extremity and neck pain with gradual worsening for a few months. Upon physical exam, tenderness to palpation of left lumbosacral junction with decreased range of motion and decreased sensations were noted. The treatment plan included a recommendation for functional restoration program due to conditioning worsening since last participation in functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: The claimant is more than 10 years status post work-related injury when involved in a motor vehicle accident while riding a motorcycle and continues to be treated for knee and low back pain. Prior treatments have included physical therapy and he has already participated in a functional restoration program which was completed in 2010. In terms of Functional Restoration Programs, guideline suggestions for treatment post-program indicate that the patient may require time-limited, less intensive post-treatment with the program itself. An evaluation for participation in another functional restoration program is not medically necessary.