MAXIMUS Federal Services

Case Number:	CM15-0060280		
Date Assigned:	04/06/2015	Date of Injury:	07/10/2007
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
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: 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 a 46 year old male, who sustained an industrial injury on 7/10/2007. Diagnoses include post laminectomy syndrome, low back pain and lumbar strain. Treatment to date has included medications, injections, modified work, diagnostics, surgical intervention, including an L5-S1 discectomy and then fusion (undated), spinal cord stimulator, specialist consultations, TENS unit, physical therapy, massage, exercise, psychotherapy and nerve blocks. Per the most recent submitted Primary Treating Physician's Progress Report dated 12/22/2014, the injured worker presented to pick up a prescription for Norco. Physical examination of the lower extremities was deferred. The exam is documented as "No distress, appropriate mood and affect." The plan of care included medications and authorization was requested on 3/16/2015 for a functional restoration program and [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation [redacted] Quantity: 1.00:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 33.

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 pain affecting the low back. The current request is for Functional Restoration Program Evaluation [redacted] Quantity: 1.00. The treating physician report dated 2/2/15 states, "He is highly motivated to wean off his medications and return to work in some fashion, and therefore, I think he would be an excellent candidate for [redacted] Program. Therefore, I am requesting authorization for an initial evaluation at [redacted] Program." The MTUS guidelines recommend functional restoration programs. 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 is highly motivated and that his condition would best be addressed through a functional restoration program. Furthermore, the patient wants to wean off his medications and return to work, and the physician feels that a Functional Restoration Program will help the patient achieve these goals. Therefore, this request is medically necessary.