

Case Number:	CM15-0060336		
Date Assigned:	04/06/2015	Date of Injury:	10/16/1998
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
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 71 year old male, who sustained an industrial injury on 10/16/1998. He reported injury after a truck rolled over him, and drug him. The injured worker was diagnosed as having lumbar post laminectomy syndrome, cervical spine fusion, lumbar discectomy and fusion, lumbar spinal stenosis post decompression, fractured right scapula, fractured left pubic rami, and left hip avascular necrosis. Treatment to date has included medications, hospitalization, multiple surgeries, and magnetic resonance imaging. The request is for a functional restoration program evaluation. It is noted the medical records include evaluation on date of service 4/14/ functional capa 2015, which is after the Utilization Review date of 3/20/2015. On 7/27/2010, a QME report indicates he was hospitalized and received several surgeries. On 6/9/2014, he is seen for persistent low back pain. He rates his pain as 1-2/10 on a pain scale. He takes Celebrex for pain, and reports being retired. There are no other records available for this review.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (Functional Restoration Programs), (2) Functional restoration programs (FRPs) Page(s): 30-32, 46.

Decision rationale: The claimant has a remote history of a work injury occurring in 1998 and has ongoing low back pain. Treatments have included lumbar spine surgery and there is a diagnosis of post-laminectomy syndrome. When seen, the claimant reported being able to perform activities such as using a lawn tractor and helping with laundry. He had a mildly antalgic gait and was not having difficulty transitioning positions. He had an appropriate and pleasant affect. The claimant is permanent and stationary with regard to his work injury and has retired. In terms a functional restoration program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain. In this case, the claimant is able to perform activities as described above and has no apparent significant functional deficits. Therefore, an evaluation for a functional restoration program is not medically necessary.