

Case Number:	CM15-0080959		
Date Assigned:	05/01/2015	Date of Injury:	08/23/2013
Decision Date:	06/04/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 26 year old male with an industrial injury dated 8/23/2013. The injured worker's diagnoses include lumbosacral disc displacement at level L5-S1 with disc protrusion as well as annular tear, lumbosacral sprain/strain injury and lumbosacral disc injury. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, acupuncture therapy, chiropractic treatments, lumbar epidural steroid injection (ESI) on 3/4/2015 and periodic follow up visits. In a progress note dated 3/11/2015, the injured worker reported pain and discomfort of the lumbar spine. Objective findings revealed lumbosacral tenderness to palpitation with myofascial tightness and facet joint tenderness. Positive straight leg raises of the legs and decrease forward flexion was also noted. The treating physician prescribed services for functional restoration program evaluation now under 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 Chronic Pain Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: The request is considered not medically necessary. A FRP would be indicated in a patient who has failed conservative treatment and is without any other options that would improve his symptoms. The patient had some improvement with the TENS unit. The patient has not been documented to have failed all modalities of conservative treatment. There was no documentation of baseline functional testing, motivation of the patient to change, or that negative predictors of success have been addressed. Because of these reasons, the request is considered not medically necessary.