

Case Number:	CM15-0087026		
Date Assigned:	05/11/2015	Date of Injury:	09/15/2014
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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

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 53-year-old male, who sustained an industrial injury on 09/15/2014. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, and conservative therapies. Currently, the injured worker complains of low back pain with radiating pain into the left lower extremity; however, there were no reports of numbness and tingling. The injured worker rated his pain as a 6/10. The diagnoses include chronic low back pain, lumbar degenerative disc disease, and chronic pain syndrome, left lower extremity radicular pain. The request for authorization included functional restoration program (unspecified number of hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (unspecified number of hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

Decision rationale: It appears there is no failed conservative treatment documented. It is unclear why the patient requires a Functional Restoration Program evaluation at this time. The clinical exam findings remain unchanged and there is no documentation of limiting ADL functions or significant loss of ability to function independently resulting from the chronic pain. Submitted reports have not specifically identified neurological and functional deficits amenable to a FRP with motivation for return to improved work status. Per MTUS Chronic Pain Treatment Guidelines, criteria are not met. At a minimum, there should be appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation-oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above nor is there identified psychological or functional inability for objective gains and measurable improvement requiring a functional restoration evaluation. Medical indication and necessity have not been established. The Functional restoration program (unspecified number of hours) is not medically necessary and appropriate.