

Case Number:	CM13-0008188		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2011
Decision Date:	02/27/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female who reported an injury on 04/22/2011. According to the documentation, the patient has been seen for ongoing low back pain. The patient underwent a lumbar epidural steroid injection on 11/13/2012 with benefit. She has also completed 6 sessions of physical therapy with benefit and notes that the physical therapy has helped relieve her pain significantly and that after a few classes she no longer had to use any medications. However, on the documentation dated 07/10/2013, the patient had been cleaning at her house and began experiencing increased pain in her low back which radiated to the left lower extremity. She has since had flare ups and has resumed taking medication. The patient was most recently seen on 08/16/2013 for complaints in her back with radiating pain to her left lower extremity. The patient states that the pain is worse at night and in the morning, and is made worse by prolonged walking, bending and sitting for a long period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 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 Chronic Pain Programs Page(s): 30-34.

Decision rationale: Under California MTUS, it states that patients to be considered for chronic pain program should have a significant loss of ability to function independently resulting from their chronic pain. In the case of this patient, she does not meet the criteria as there are no indications that she is unable to function independently. The patient has been provided extensive physical therapy to include an additional 6 sessions after she received an epidural steroid injection. Although there had been repeated notations that the patient wishes to return to full duty, there had been no documentations indicating any improvement from lumbar epidural steroid injection or the physical therapy. Therefore, at this time, the patient does not meet guideline criteria for a functional restoration program evaluation. As such, the requested service is non-certified.