

Case Number:	CM14-0123000		
Date Assigned:	09/16/2014	Date of Injury:	08/19/2013
Decision Date:	10/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 injured worker is a 52 year old female whose date of injury is 08/19/2013. The mechanism of injury is described as repetitive trauma while cleaning tables. Treatment to date includes physical therapy and chiropractic treatment. Note dated 07/08/14 indicates that the injured worker complains of right ring finger pain and low back pain. Diagnoses are right ring finger sprain/strain, right ring finger distal interphalangeal joint arthritis, lumbar spine sprain/strain, lumbar spine degenerative disc disease, and lumbar radiculitis, right worse than left. The low back examination was within normal limits. Diagnostic imaging studies objectified ordinary disease of life degenerative disc disease (desiccation). Previous treatment includes multiple medications, physical therapy, and pain management interventions. A request had been made for functional restoration program and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Functional Restoration Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages: 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for 12 functional restoration therapy visits for the lumbar spine is not recommended as medically necessary. The submitted records fail to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level treatment. There is no indication that the injured worker has undergone a pre-program functional capacity evaluation/PPE or mental health evaluation as required by CA MTUS guidelines.