

Case Number:	CM14-0124889		
Date Assigned:	09/16/2014	Date of Injury:	10/01/2012
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

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, and is licensed to practice in Nevada. 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 26 year-old male who was reportedly injured on October 1, 2012. The mechanism of injury is noted as a pushing type event. The most recent progress note dated March 26, 2014, indicates that there were ongoing complaints of low back pain. The physical examination was not presented to this document. Diagnostic imaging studies objectified a disc lesion at L4/L5 with nerve root encroachment. Previous treatment includes initiation of a functional restoration program. A request was made for additional functional restoration and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Additional Days of Functional Restoration Program for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Chronic Pain Programs Page(s): 30.

Decision rationale: When noting the date of injury, the mechanism of injury, the reported findings on MRI, and the parameters outlined in the MTUS for functional restoration programs tempered by the clinical information presented for review, there is insufficient data to support

continuation of this protocol. There is a significant surgical lesion and that topic is not been addressed. The current progress notes do not demonstrate any significant functional gains. As such, when noting the parameters outlined in the MTUS tempered by the clinical data presented for review, the medical necessity for this protocol has not been established.