

Case Number:	CM14-0128012		
Date Assigned:	08/15/2014	Date of Injury:	11/25/2011
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/12/2014

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 records presented for review indicate that this 44 year-old individual was reportedly injured on November 25, 2011. The mechanism of injury is noted as an overhead reaching of a box from a shelf and felt something in the low back causing low back pain. The most recent progress note, dated July 16, 2014, indicates that there were ongoing complaints of lower back pain. The physical examination demonstrated a 5'7", 214 pound individual in no acute distress. There was tenderness to palpation and muscle spasm noted in the lower lumbar region. Straight leg raising was positive on the right. Sensation was intact and motor function was noted to be 5/5 and intact. Diagnostic imaging studies objectified degenerative disc disease, compression deformity at T12, and a normal author diagnostic assessment. Previous treatment includes multiple items of durable medical equipment for home physical therapy, multiple medications, physical therapy, epidural steroid injections and pain management interventions. A request had been made for chronic pain program and was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remote - [REDACTED] Interdisciplinary Pain Rehabilitation Program (in months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Program; regarding Functional Restoration P. Decision based on Non-MTUS Citation ODG Pain Chapter, Updated 07/0/14; Functional Improvement Measures

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: The records reflect that a functional restoration protocol has been endorsed as many as 5 weeks of the 6 week program have been completed. As such, there was no clinical indication for an additional 6 weeks of such a protocol. Furthermore, there is a specific requirement that this program be documented in terms of outcome measurement. This data has not been presented. Therefore, based on the clinical information presented for review tempered by the parameters noted in the MTUS this is not clinically indicated.

In Office interdisciplinary reassessment at end of FPR After Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Program; regarding Functional Restoration P. Decision based on Non-MTUS Citation ODG Pain Chapter, Updated 07/0/14; Functional Improvement Measures

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: It is noted that a great deal of care has been rendered for this injured worker. However, as noted in the MTUS a follow-up evaluation is based on the current clinical situation. There was no indication for a carte blanche for multiple visits. Therefore, based on the limited clinical information presented for review this is not medically necessary.