

Case Number:	CM14-0140722		
Date Assigned:	09/10/2014	Date of Injury:	11/15/2012
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational 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 45 year old male who was involved in a work related injury on 11/15/12. The injured worker sustained a low back injury. He has had extensive treatment including physical, chiropractic and acupuncture therapy. The injured worker was also treated with facet blocks. Magnetic resonance imaging showed degenerative disc disease. In a recent evaluation from 7/14, the injured worker had noted some benefit from medication creams and acupuncture. An agreed medical evaluation (AME) had been done as well stating the injured worker could return to modified duty. Recent exam findings noted a decrease in lumbar range of motion, but no focal neurological deficits. The 7/24/14 note also indicated that epidural steroid injections were pending. The injured worker was encouraged to perform home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: There is little data to support the need for a functional restoration program evaluation. The most recent progress note indicates minimal abnormalities. The injured worker's exam notes only decrease in lumbar range of motion. There is nothing to suggest that the injured worker is dependent on medications. There is nothing to suggest inability to perform activities of daily living or dependence on others to help with activities. The injured worker had done well with medications and acupuncture. He was even pending epidural steroid injection treatment. The data does not suggest that this is an injured worker who is at an endpoint of treatment for which a functional restoration program might be appropriate. The request is not supported by the available data and is not considered to be medically necessary.