

Case Number:	CM14-0148906		
Date Assigned:	09/18/2014	Date of Injury:	11/02/2009
Decision Date:	10/28/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 51-year-old male who reported an injury on 11/02/2009. The mechanism of injury involved a fall. Current diagnoses include lumbar disc displacement without myelopathy, and pain in a joint of the lower leg. It was noted that the injured worker has undergone umbilical hernia repair and left knee surgery. Previous conservative treatment is noted to include medication management, epidural steroid injection, facet injection, psychotherapy, and physical therapy. The injured worker was evaluated on 08/08/2014 with complaints of chronic low back and left knee pain. It was also noted that the injured worker reported depressive symptoms and suicidal ideation. The injured worker currently participates in a home exercise program. Physical examination revealed an antalgic gait, decreased left knee range of motion, tenderness to palpation at the lumbosacral junction, associated muscle tension, decreased lumbar range of motion, intact sensation, and normal motor strength in the bilateral lower extremities. Treatment recommendations included authorization for an initial evaluation for the [REDACTED] Functional Restoration Program. A Request for Authorization form was then submitted on 08/26/2014 for the initial evaluation at the [REDACTED] Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 initial evaluation at [REDACTED] Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs, Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made. There should also be evidence of a significant loss of the ability to function independently. As per the documentation submitted, the injured worker presents with complaints of depression and suicidal ideation. There is no documentation of a comprehensive psychological evaluation providing clearance for a functional restoration program. Negative predictors of success have not been addressed. There is also no documentation of a significant loss of the ability to function independently. Based on the clinical information received, the current request is not medically necessary.