

Case Number:	CM14-0160374		
Date Assigned:	10/03/2014	Date of Injury:	02/23/2011
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 California. 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 50 year old male with a date of injury on 2/23/2011 with complaints of low back pain. His diagnoses include: (a) Thoracic or lumbosacral neuritis or radiculitis; (b) Lumbar spine sprain; (c) Sciatica and (d) dermatitis due to drugs and medicine taken internally. The injured worker had several physician consultations, as well as several pain medications. Diagnostics such as x-rays, magnetic resonance imaging scans, etc. were also afforded to the injured worker. However, physical therapy sessions were placed on hold at the time. Lumbar spine examination findings showed decreased range of motion, tenderness over the lumbosacral joint and sciatic notch. A functional restoration program (duration 160 hrs) was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (duration 160 hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the criteria are met. In this, one specific criterion has not been met and that is "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." This includes psychological intervention. There was concrete justification why a functional restoration program should be initially considered as compared to a home exercise program. Due to the absence of pertinent information, all of the criteria as presented in the referenced guidelines are not satisfied. Therefore, the medical necessity of the requested functional restoration program 160 hours initial trial for the lumbar spine is not medically necessary.