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| Case Number: | CM14-0093638 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 03/19/2013 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 Anesthesiology, has a subspecialty in Pain 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 40-year-old male whose date of injury is 03/19/13. Treatment to date includes acupuncture, physical therapy, right sacroiliac joint injection on 12/11/13 and epidural steroid injections in 2013 and on 05/21/14. Diagnoses are lumbar spine strain, lumbar radiculopathy, lumbar disc protrusion at L4-5 and L5-S1 and left abdominal wall strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue with functional restoration two times a week for six weeks 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 Functional Restoration Program Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for continue with functional restoration two times a week for six weeks for the lumbar spine is not recommended as medically necessary. It is unclear if the request is for physical therapy or functional restoration program. There is no current, detailed physical examination submitted for review. There are no specific, time-limited treatment goals provided. The injured worker's response to most recent

epidural steroid injection performed in May is not documented. Given the lack of significant supporting documentation, medical necessity of the request cannot be established in accordance with CA MTUS guidelines.