MAXIMUS Federal Services

Case Number:	CM14-0096570		
Date Assigned:	07/28/2014	Date of Injury:	10/20/2010
Decision Date:	09/19/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 patient is a 55-year-old female who was injured on 10/20/2010. The mechanism of injury is unknown. Prior medication history includes Amitriptyline and Gabapentin. Prior treatment history has included physical therapy and aquatic therapy. A progress report dated 06/03/2014 indicates the patient presented with pain in the pelvic, saddle area close to medial and superior aspect of the legs bilaterally with cramping pain. She rates her pain as a 6/10 at its worst and a 3/10 at its best. She reported radiation down both legs intermittently 20% of the time with dysesthesia present. Objective findings on exam revealed bilateral SI joint pain tenderness. Lumbar spine range of motion revealed forward flexion with fingers to knees with radiation down bilateral legs; lateral bending to 20 degrees with no lumbar spine movement noted. She was able to toe walk without difficulty but needed help with heel walking. She is diagnosed with chronic pain syndrome; degenerative disk disease in multiple spinal cord levels; status post lumbar decompression/discectomy on 6/12 and interbody lumbar fusion on 9/12. She is recommended for an evaluation with pain management, followed by a functional restoration program to help patient with long-term coping strategies and adjustment to disability. A prior utilization review dated 06/18/2014 states the request for 1 outpatient functional restoration program is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Outpatient Functional Restoration Program: 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 and Functional restoration programs Page(s): 33-34 and 49.

Decision rationale: This is a request for a Functional Restoration Program for a 55-year-old female injured on 10/20/10 with chronic low back pain. According to MTUS guidelines, a Functional Restoration Program may be recommended if, among other criteria, there is an absence of other options likely to result in significant clinical improvement. However, in this case lumbar epidural steroid injection is pending and lumbar medial branch blocks are being considered. Other options do not yet appear to have been exhausted. Medical necessity is not established at this time.