

Case Number:	CM14-0097115		
Date Assigned:	07/28/2014	Date of Injury:	10/15/2012
Decision Date:	10/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Practice, and is licensed to practice in Texas & Mississippi. 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 10/15/2012. The mechanism of injury was not provided. On 01/15/2013, the injured worker presented with continued low back pain, bilateral leg pain, and the inability to ambulate more than 100 yards at a time. Upon examination of the low back, there was focal tenderness bilaterally over the L3-4, L4-5, and L5-S1 posterior spinous process and paravertebral muscles. There was moderate radiculopathy in the right L4-5 and L5-S1 nerve root distribution to the right lower extremity confirmed by EMG and nerve conduction velocity. The diagnoses were multilevel lumbar degenerative disc disease with severe focal spinal stenosis at the L2-3, L3-4, and L4-5 levels of the low back. Prior therapy included medications. The provider recommended a functional restoration program; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration) Page(s): 30-32.

Decision rationale: The request for a Functional Restoration Program is not medically necessary. The California MTUS states if an early return to work has been achieved and the return to work process is working well, the likelihood of depletion should be limited. If, however, there is a delay in return to work or a prolonged period of inactivity, a program of functional restoration can be considered. It is also noted that pre-injury or post-injury or illness, strength and endurance may be limited and might be less than the job requires. If this is the case, the likelihood of re-injury or prolonged problems may increase. Though it may not be part of the process for treating an acute injury, the provider and employer may have to address these issues either through focusing on modifying the job to suite the injured worker's ability to considering an alternate replacement. The injured worker has participated in previous functional restorations sessions. There was no evidence of exceptional clinical findings or specific job related deficits or goals that were identified to substantiate a necessity of an interdisciplinary intervention. As such, the request is not medically necessary.