MAXIMUS Federal Services

Case Number:	CM14-0214058		
Date Assigned:	12/31/2014	Date of Injury:	04/14/2014
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 21 year-old female who was injured on 4/14/14 when she bent over and then felt back pain when standing up. She complains of low back and left lower extremity. On exam, she had tender lumbar paraspinous muscles, decreased range of motion, normal motor strength and reflexes. A 6/2014 MRI of lumbar spine showed L5-S1, L4-5, and L3-4 disc herniation with narrowing central canal and neuroforamina bilaterally and generalized facet arthropathy. She was diagnosed with lumbar sprain and strain, displacement of intervertebral disc without myelopathy, thoracic/lumbosacral neuritis/radiculitis, unspecified myalgia and myositis, sprain and strain of lumbosacral. Her medications included Tramadol, Tylenol #3, Flexeril, and anti-inflammatories. She had physical therapy with some improvement. The current request is for evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for a 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 Functional restoration programs Page(s): 49.

Decision rationale: The request is considered not medically necessary. A FRP would be indicated in a patient who has failed conservative treatment and is without any other options that would improve her symptoms. The patient should not be a candidate for other modalities such as surgery or other treatments. The patient did not try any type of injections. The patient had some improvement with physical therapy. The patient has not been documented to have failed all modalities of conservative treatment. Therefore, the request is considered not medically necessary.