

Case Number:	CM15-0128984		
Date Assigned:	07/15/2015	Date of Injury:	12/04/2007
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 70 year old male who sustained an industrial injury on 12/04/07. Initial complaints and diagnoses are not available. Treatments to date include back surgery, and medications. Diagnostic studies are not addressed. Current complaints include low back and leg pain. Current diagnoses include lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain injury. In a progress note dated 05/06/15 the treating provider reports the plan of care as a Functional Restoration Program evaluation, as well as continued medications and home exercise program. The requested treatment is a Functional Restoration Program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program evaluation: 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) Page(s): 30-33.

Decision rationale: Functional Restoration Program evaluation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the criteria for the general use of multidisciplinary pain management programs include that the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation does not indicate that the patient is unable to function independently therefore a functional restoration program evaluation is not medically necessary.