

Case Number:	CM15-0129625		
Date Assigned:	07/16/2015	Date of Injury:	09/15/2004
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67 year old male who sustained an industrial injury on 09/15/04. Initial complaints and diagnoses are not available. Treatments to date include back surgery, medications, injections, spinal cord stimulator, and physical therapy. Diagnostic studies are not addressed. Current complaints include back pain and insomnia. Current diagnoses include lumbago and lumbar radiculopathy. In a progress note dated 05/14/15 the treating provider reports the plan of care as a Functional Restoration Program evaluation. The requested treatment includes 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:

1 Evaluation for functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary Pain Management Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Detoxification, Functional Restoration Programs Page(s): 30-34, 42, 49.

Decision rationale: MTUS states regarding the general use of multidisciplinary pain management programs: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. The treating physician notes that the patient has failed initial surgical attempts and is currently not a surgical candidate, failure of conservative therapy and documents a significant loss of ability of function due to chronic pain. As such, the request for 1 Evaluation for functional restoration program is medically necessary at this time.