

Case Number:	CM15-0079540		
Date Assigned:	04/30/2015	Date of Injury:	07/31/2012
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/25/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39-year-old male, who sustained an industrial injury on 07/31/2012. He has reported subsequent low back pain and lower extremity pain and was diagnosed with herniated nucleus pulposus of the lumbar spine with radiculopathy. Treatment to date has included oral pain medication, physical therapy, acupuncture, epidural steroid injections and surgery. In a progress note dated 03/19/2015, the injured worker complained of constant low back and left leg pain as well as depression and severe muscle spasms. Objective findings were notable for increased lumbar lordosis, tenderness to palpation in the left lower lumbar facet region, moderate to severe spasm in the right thoracolumbar paravertebral region, decreased range of motion of the lumbar spine, positive seated straight leg raise at 60 degrees on the left and an antalgic gait. A request for authorization of functional restoration program for 10 days/50 hours was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for 10 days/50 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Chronic Pain Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The injured worker sustained a work related injury on 07/31/2012 . The medical records provided indicate the diagnosis of herniated nucleus pulposus of the lumbar spine with radiculopathy. Treatment to date has included oral pain medication, physical therapy, acupuncture, epidural steroid injections and surgery. The medical records provided for review do not indicate a medical necessity for Functional restoration program for 10 days/50 hours. The MTUS guidelines for Functional Restoration Program requires that all the criteria be met before enrolling in the program. The Criteria include not a candidate where surgery or other treatments would y be warranted all the negative predictors of success have been addressed. The medical records indicate the injured worker is being considered for surgery; besides, the injured worker has many psychosocial issues considered as negative predictor of success. The injured worker has been diagnosed of adjustment disorder due to chronic pain with mixed anxiety and depression mood. Therefore, this request is not medically necessary.