

Case Number:	CM15-0096272		
Date Assigned:	05/26/2015	Date of Injury:	08/06/2006
Decision Date:	06/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/19/2015

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: California

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 61-year-old male, who sustained an industrial injury on 08/06/2006. On provider visit dated 05/07/2015 the injured worker has reported pain and discomfort after surgery on 12/23/2014. On examination of the lumbar spine was reported to have good range of motion. Tenderness to palpation was noted over the bilateral SI joints and right greater than the left side. The injured worker was noted as not able to work due to pain and discomfort. The diagnoses have included lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain injury and status post lumbosacral fusion on 12/23/2014. Treatment to date has included home exercise program since range of motion is tolerated with no pain, pain medication and duragesic patch. The provider requested functional restoration program evaluation for symptom management.

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 Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary certain criteria are met. One criteria is that the patient has a significant loss of ability to function independently resulting from the chronic pain. In this case, the injured worker is status post lumbar fusion in December 2014 and there is no evidence that he has a significant loss of ability to function independently resulting from the chronic pain. The injured worker is able to perform a home exercise regimen and a functional restoration program is not supported in this case for symptom management. The request for Functional restoration program evaluation is not medically necessary and appropriate.