

Case Number:	CM14-0101625		
Date Assigned:	09/16/2014	Date of Injury:	01/17/2007
Decision Date:	11/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 medical records reflect the claimant is a 51 year old female who sustained a work injury on 1-17-07. She suffered a left fibula fracture. The claimant had an MRI on 2-10-14 that showed a disc protrusion and annular fissure on L4-L5. Office visit on 6-10-14 notes the claimant continues with low back pain with radiation down the left lower extremity. On exam, the claimant has 50 degrees, flexion, 10 degrees extension with positive SLR and spasms and guarding. A QME from 10-29-07 noted the claimant had an ankle injury on 1-17-08 and he noted the claimant had 0% impairment rating. The claimant currently reports low back and left ankle pain. She uses Norco. On 7-31-14 the claimant had an initial FRP evaluation and it was felt that she was an appropriate candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 5x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that FRP are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. This claimant sustained a left fibula fracture in 2007. Medical Records reflect the claimant had a FRP evaluation and was deemed to be a good candidate. However, it is noted that this claimant has a 0% impairment rating and her ongoing symptoms are not clearly explained with the injury as presented. Therefore, the request is not medically necessary.