

Case Number:	CM14-0141458		
Date Assigned:	09/10/2014	Date of Injury:	08/14/2006
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 59 year old female whose date of injury is 08/14/2006. The mechanism of injury is not described. Office visit note dated 09/04/14 indicates that the injured worker has ongoing pain in her low back radiating down the lower extremities. She is utilizing Norco and Cymbalta. On physical examination there is lumbosacral tenderness to palpation with painful range of motion. Straight leg raising is positive bilaterally. Deep tendon reflexes are 2+ in the lower extremities. Diagnoses are low back pain with bilateral sciatica, probable bilateral lumbar radiculopathy L5, status post lumbar decompression and fusion L4-5 in October 2009, possible chronic pain syndrome, failed back pain syndrome, and lumbar sprain/strain.

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 Functional Restoration Program Page(s): 30-32.

Decision rationale: Based on the clinical information provided, the request for functional restoration program evaluation is not recommended as medically necessary. There is no

comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the injured worker has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as required by CA MTUS guidelines. Additionally, the injured worker's date of injury is over 8 years old. CA MTUS guidelines generally do not recommend functional restoration programs for injured workers who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period.