

Case Number:	CM13-0009322		
Date Assigned:	12/11/2013	Date of Injury:	10/01/2009
Decision Date:	02/05/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 40 year old male with a date of injury on 10/01/09. The progress report dated 7/10/13 by [REDACTED] noted that the patient's diagnoses include: post laminectomy syndrome, lumbar region. The patient presented with chronic low back pain and reported that his meralgia paresthetica symptoms are worse. The patient states that he continues to go to the emergency room where he was given pain medications. Exam findings included: limited/guarded ROM, DTR 0/2 right knee, 1+/2 left knee and ankles, and SLR with pulling back. [REDACTED] opined that the patient would most likely benefit from a functional restoration program. He will need chronic pain management. Weaning from narcotics and avoidance of emergency room visits would be helpful. The utilization review letter dated 7/30/13 indicates that there was a peer discussion which revealed the patient was pending authorization for shoulder surgery. There is also mention of a knee replacement that [REDACTED] was not aware of. [REDACTED] also had requested an FRP evaluation, not the one month FRP program. The utilization review determination being challenged is dated 7/30/13 and recommends denial of a Functional Restoration Program x 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Peer Non Certified (with PIP Discussion) Functional Restoration Program times one (1) month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Chronic Pain Programs (functional restoration programs).

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

Decision rationale: The records indicate that the patient presents with chronic low back pain with a diagnosis of post laminectomy syndrome. The utilization review letter dated 7/30/2013 indicates that there was a peer discussion which revealed the patient was pending authorization for shoulder surgery. There is also mention of a knee replacement that [REDACTED] was not aware of. [REDACTED] also had requested a Functional Restoration Program (FRP) evaluation, (not the one month FRP program mentioned in the request). MTUS pg.30-33 regarding criteria for functional restoration programs states that the patient is not a candidate since surgery and other treatments would clearly be warranted. At this time there is at least one further surgery pending and the cited MTUS guidelines are not met for FRP. Therefore recommendation is for denial.