

Case Number:	CM13-0022057		
Date Assigned:	01/31/2014	Date of Injury:	02/07/2012
Decision Date:	04/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of February 7, 2012. A utilization review determination dated August 22, 2013 recommends non-certification of Northern California Functional Restoration Program. The previous reviewing physician recommended non-certification of Northern California Functional Restoration Program due to FRP should not be considered prior to the patient being evaluated for any other treatment alternatives that may alleviate symptoms including surgery. A Visit Note dated August 14, 2013 identifies Subjective Complaints of chronic low back pain. He continues to have low back pain that radiates down his bilateral lower extremities. Objective Findings identify significant tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine is decreased by 90% with flexion and extension decreased by 80% with rotation bilaterally. Sensations are decreased along the right lower extremity compared to the left lower extremity. Diagnoses identify degeneration lumbar/lumbosacral disc. Treatment Plan identifies the patient does have a single level degenerative disc which might be amenable to surgery, however, given lack of any instability or neurologic deficit as well as psychological profile the patient is not believed to do well with surgery. Therefore, it is felt the patient would benefit from a multidisciplinary program to treat his complex pain. The patient does exhibit field coping mechanisms, has concurrent depressive symptoms and has been escalating on his dosage of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORTHERN CALIFORNIA FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (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: Regarding the request for Northern California Functional Restoration Program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, the patient is noted as having a single level degenerative disc, which might be amenable to surgery, but given lack of any instability or neurologic deficit as well as psychological profile the patient is not believed to do well with surgery. There is mention of decreased sensation in the right lower extremity. Despite mention that the patient would not do well with surgery, there is no documentation identifying that surgery or other treatments (such as injections, etc) would not be warranted, especially given continuing radicular symptoms and neurological deficits on physical exam. There is no indication that the patient exhibits motivation to change, and is willing to forgo secondary gains. Negative predictors of success have not been addressed. In light of the above issues, the currently requested Northern California Functional Restoration Program is not medically necessary.