

Case Number:	CM13-0035004		
Date Assigned:	12/27/2013	Date of Injury:	05/25/2012
Decision Date:	02/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/16/2013

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 & Rehabilitation 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 36-year-old male who reported an injury on 05/25/2012. The mechanism of injury was noted to be a fall. His diagnoses include multilevel lumbosacral disc injury, disc protrusion at level L5-S1, L4-5 lumbosacral disc tear, right knee sprain/strain, right knee internal derangement, lumbosacral sprain/strain, status post right knee surgery on 03/28/2013, and major depressive disorder. His symptoms are noted to include right knee and low back pain. His objective findings include decreased lumbosacral range of motion, normal motor strength in the lower extremities, positive straight leg raise testing, and positive Apley's test in the right knee. A recommendation was made for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation & treatment for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: According to the California MTUS Guidelines, a functional restoration program may be recommended for patients after an adequate and thorough evaluation has been

made, including baseline functioning testing so that follow-up with the same test can note functional improvement; 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 significant functional deficits resulting from the pain; the patient is not a candidate for surgery or other treatments; the patient has exhibited a motivation to change; and negative predictors of success have been addressed. The clinical information submitted for review indicates that the patient has not yet had a functional restoration program evaluation including baseline functional testing. The patient was shown to have failed previous treatment options. However, it is not clear whether the patient is a candidate for surgery or other treatment, whether he had exhibited motivation to change, and whether negative predictors of success have been addressed. Additionally, treatment in a functional restoration program is not recommended for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. An evaluation for functional restoration program would be an appropriate treatment for this patient; however, the request for six weeks of treatment in a functional restoration program is not supported as the patient does not meet all of the criteria and the request for treatment for 6 weeks exceeds the guideline recommendations of an initial 2 week in the program. For these reasons, the request for Functional Restoration Program Evaluation & treatment for six weeks is not medically necessary and appropriate.