

Case Number:	CM13-0042869		
Date Assigned:	12/27/2013	Date of Injury:	08/07/2000
Decision Date:	07/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational medicine, has a subspecialty in Preventive Medicine, and is licensed to practice in North Carolina and New York. 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 patient states he was injured August 7, 2000 lifting a frame that jarred into another frame, jarring him as well, resulting in chronic low back pain. The patient has multilevel disc disease with bilateral L5 and S1 radiculopathy, and has pain radiating down both legs. The patient has been in a functional restoration program. The patient is requesting more visits with a functional restoration program - 10 additional days.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR 10 ADDITIONAL DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Chronic Pain Programs (Functional Restoration Programs) Page(s): 7-8, 30-32.

Decision rationale: Functional restoration aims to minimize residual complaints and disability resulting from acute and/or chronic medical conditions, and can be considered if there is a delayed return to work or prolonged period of inactivity. The goal being to have the injured

worker obtain the skills, knowledge and behavioral change needed to avoid preventable complications and assume primary responsibility for his/her physical and emotional well-being following injury. They maximize their functional independence. According to the Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is a requirement of a functional restoration program to justify continued treatment. They are not recommended for more than 2 weeks without evidence of demonstrated efficacy - with documentation of subjective and objective improvement/gains. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions). Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. After five weeks of a functional restoration program, the claimant was unable to participate in the physical therapy aspect of the program and struggled with decreasing medication, Norco and Soma. He has not shown significant gains despite some decrease in medication usage. He has been unable to increase his physical capacity. Furthermore, his pain specialist notes he is considering surgical intervention at this point. The request for a functional restoration program for ten additional days is not medically necessary or appropriate.