

Case Number:	CM13-0045318		
Date Assigned:	03/31/2014	Date of Injury:	06/06/2009
Decision Date:	05/08/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 is a 41 year-old with a date of injury of 06/06/09. A progress report associated with the request for services, dated 09/13/13, identified subjective complaints of upper and low back pain that had worsened. Medication was no longer working. Objective findings included tenderness of the cervical and lumbar spines. Diagnoses included lumbar facet syndrome; failed thoracic spine surgery; and cervicobrachial syndrome. Treatment has included back surgery on 08/06/12. She was also receiving muscle relaxants, antiseizure agents, and opioids. A Functional Restoration Program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that functional restoration programs (FRPs) are recommended. However, research is still ongoing as to how to screen for inclusion in these programs. The programs are interdisciplinary with an emphasis on

function over elimination of pain. There is evidence that FRPs reduce pain and improve function in patients with low back pain. There is little evidence for biopsychosocial rehabilitation with neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. There is no standardized screening for a functional restoration program. In this case, the claimant has failed conservative measures and has chronic low back pain. Therefore, the record does document the medical necessity for a functional restoration program.