

Case Number:	CM13-0046639		
Date Assigned:	04/02/2014	Date of Injury:	08/25/2009
Decision Date:	05/23/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/11/2013

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; an earlier lumbar discectomy procedure; and extensive periods of time off of work. In a Utilization Review Report of November 7, 2013, the claims administrator partially certified a request for four weeks of continued functional restoration program as two weeks of a functional restoration program. The applicant's attorney subsequently appealed. In a December 17, 2013 progress note, the applicant is described as having completed six weeks of a functional restoration program, which she reportedly enjoyed very much. She is using four tablets of Tylenol a day, it is stated. She is using Amrix (cyclobenzaprine) and is also cutting back on Effexor. The applicant is asked to follow up as needed. In a February 13, 2014 office visit, the attending provider again states that the applicant is almost completely off of her pain medications and is better managing her pain owing to techniques developed in the functional restoration program. The attending provider encouraged that the applicant attend further classes to maintain her reported gains. In an earlier visit of August 8, 2013, the applicant stated that she could not attend jury duty owing to severe low back and leg pain. A functional restoration program was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED FUNCTIONAL RESTORATION PROGRAM (FRP) X 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Topic Page(s): 32.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration should not exceed 20 full-day sessions or the equivalent in part-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the applicant had already had two weeks of functional restoration prior to the date of the Utilization Report, November 7, 2013, at which point four additional weeks of treatment were sought. These additional four weeks of treatment sought, thus, would result in treatment in excess of the 20 full-day sessions suggested as maximum total treatment duration on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, however, the attending provider did not clearly state a rationale or need for treatment thus far in excess of the guideline. While the attending provider seemingly suggested that the applicant was able to cut back on medication consumption as a result of the program, it is unclear that so much treatment in excess of the guideline was needed for the applicant to minimize or diminish medication consumption. Since no clear rationale for a variance so much in excess of the guideline has been proffered here, the request is not medically necessary, on Independent Medical Review.