

Case Number:	CM13-0050781		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2011
Decision Date:	07/08/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 51 year old male who sustained an injury to his low back on 12/23/11. The mechanism of injury occurred while lifting 180 pounds of metal. Pain is reported in the lower back radiating down to lower extremities. A comprehensive integrative pain management evaluation dated 10/15/13 reported that the patient was prescribed pain medications, Celebrex and Hydrocodone. The patient also tried physical therapy, acupuncture and a right L5-S1 transforaminal epidural steroid injection that provided some relief. The patient was seen by ■■■ who did not recommend surgery. The patient has been out of work since 03/28/13. The progress report indicates patient currently suffers from chronic sharp pain in the neck and low back radiating to the leg at 8/10 on the Visual Analogue Scale (VAS). The reported pain is associated with numbness, tingling, and weak knees, bilaterally. A psychological evaluation dated 10/29/13 recommends a multidisciplinary pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM 5 DAYS PER WEEK FOR A TOTAL OF 40 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR FUNCTIONAL RESTORATION PROGRAMS (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

Decision rationale: The CA MTUS Guidelines state that total treatment duration should generally not exceed 20 full day visits (or the equivalent in part day visits if required by part time work, transportation, child care, or comorbidities). Treatment duration in excess of 20 visits requires a clear rationale for the specified extension and reasonable goals to be achieved. 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. Given there were no significant comorbidities identified in the clinical documentation submitted for review, medical necessity of the request for Functional Restoration Program for five days per week, totaling 40 visits has not been established. The request for Functional Restoration Program Five Days per Week (40 Visits) is not medically necessary.