

Case Number:	CM13-0058954		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2013
Decision Date:	03/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/27/2013

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 has a subspecialty in Interventional Spine 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 IMR application shows the date of injury as 10/29/13, but the 10/29/13 report from [REDACTED], lists the date of injury as 6/17/2011. [REDACTED] reports the patient presents with low back pain radiating down the legs. He has decreased lumbar motion and takes Norco and Zanaflex. [REDACTED] recommends his functional restoration program (FRP) x4 weeks. On 11/6/13, UR denied the request because there was no functional improvement with the prior 2-weeks of the FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: On 10/29/13, the patient presents with low back pain radiating down the legs, decreased lumbar ROM, 5/5 muscle strength and positive SLR. This is the same presentation as on 1/28/14 and on 4/2/13. [REDACTED] states the patient had 2-weeks of the FRP and has been able to take fewer medications. The progress notes from the FRP were not provided for

this IMR so I cannot tell when the 2-week trial was performed. None of the available records provide any indication that all of the MTUS criteria for the functional restoration program have been met. One of the criteria for the FRP is that the patient is motivated to change and is willing to forgo secondary gains, including disability payments. [REDACTED]

[REDACTED] While a reduction in medication use can be considered "a reduction in the dependency on continued medical treatment", the rest of the definition of "functional improvement" does not appear to have been met. Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Lumbar range of motion (ROM) has remained decreased on every report, and none of the reports show that this has ever been measured for an objective comparison. Muscle strength remains normal, and straight-leg raising (SLR) remains positive. Based on the information provided, the patient does not meet the MTUS criteria for a FRP.