

Case Number:	CM13-0064186		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2011
Decision Date:	05/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology and Pain 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:

The injured worker is a 40-year-old male who reported an injury on 07/09/2011. The mechanism of injury was a fall of approximately 30 to 40 feet. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker recently underwent surgical intervention to the right foot secondary to multiple fractures. The injured worker was evaluated on 09/23/2013. Physical findings included 2+/4 dorsal pedis and posterior tibial pulses bilaterally with a warm skin temperature to all digits of the bilateral lower extremities. It was noted that the injured worker continued to have difficulty with prolonged ambulation and weight bearing and used the assistance of a walker. The injured worker's diagnoses included fracture of the talus, fracture of the calcaneus, and status post open reduction and internal fixation of the right calcaneus. The injured worker's treatment plan included continued use of a bone stimulator, a knee walker, and the use of topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL RESTORATION PROGRAM FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL RESTORATION PROGRAMS (FRPs) Page(s): 49.

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

Decision rationale: The requested Functional Restoration Program for the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends Functional Restoration Programs for appropriately identified patients who are at risk for delayed recovery. California Medical Treatment Utilization Schedule recommends prior to entrance into a multidisciplinary pain management program there be a baseline functional assessment and testing of the patient, all previous methods of treating chronic pain have been unsuccessful and there are no other options that would provide significant clinical improvement, documentation that the patient is not a surgical candidate, documentation that the patient has motivation to change, and all negative predicators have been addressed. The clinical documentation submitted for review does not provide any evidence that the injured worker meets these criteria at this time. Additionally, California Medical Treatment Utilization Schedule recommends a 2-week trial with adequate documentation of subjective and objective functional improvement to support further treatment. The request as it is submitted did not provide a duration and frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, a Functional Restoration Program for the lumbar spine is not medically necessary or appropriate.