

Case Number:	CM13-0067890		
Date Assigned:	05/07/2014	Date of Injury:	03/30/2011
Decision Date:	06/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Pain Management, 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 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 patient is a 33 year old female with an injury date of 03/30/11. Based on the 10/09/13 progress report provided by [REDACTED] the patient complains of muscle spasms in her lower back as well as pain radiating into her bilateral thighs. The patient's diagnoses include Lumbar degenerative disc disease (L4-5 and L5-S1 by MRI); Right lower extremity radiculopathy (normal EMG); Diffuse regional myofascial pain; and Chronic pain syndrome with both sleep and mood disorder. The 05/20/11 MRI of the lumbar spine reveals mild to moderate degenerative L4-5 disc bulge and central L5-S1 disc protrusion without apparent nerve root compression. [REDACTED] is requesting a function restoration program for ten days (two weeks/ five days a week/ six hours a day). The utilization review determination being challenged is dated 11/18/13 and recommends denial for the function restoration program. The treating physician provided treatment reports from 05/08/13- 10/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTION RESTORATION PROGRAM FOR TEN DAYS (TWO WEEKS/FIVE DAYS A WEEK/ SIX HOURS A DAY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management.

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

Decision rationale: The California MTUS Guidelines do support the Functional Restoration Program (FRP) and allows up to initial 2 weeks of program and additional treatments with documentation of improvement. However, before FRP can be started certain documentations are required including the patient's motivation to improve and return to work, and meet the patient selection criteria outlined per MTUS. Before a ten day program can be authorized, the patient must be fully evaluated for selection criteria as outlined per the MTUS. According to the 10/09/13 report by [REDACTED], the patient presents with muscle spasms in her lower back as well as pain radiating into her bilateral thighs. "Patient has failed rest, failed medication management, failed physical therapy and pain psychology was denied as well as further rehabilitation or epidural steroids were denied." The 10/15/13 report states that the patient is limited in her basic activities of daily living and requires assistance in vacuuming and house cleaning. The documentation provided for review does not meet MTUS criteria for FRP. Therefore, the request for Funtional Restoration Program (FRP) for ten days, six hours a day, for five days a week, for two weeks, is not medically necessary and appropriate.