

Case Number:	CM13-0072375		
Date Assigned:	01/08/2014	Date of Injury:	01/31/2012
Decision Date:	05/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/31/2013

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 & Rehabilitation 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 injured worker is a 28-year-old male who reported injury on 01/31/2012. The mechanism of injury was noted to be the patient was lifting and sustained an injury to the low back. The injured worker was treated with physical therapy and medications. The injured worker's diagnoses included lumbar radiculopathy and chronic pain syndrome, as well as a depressed mood. The patient underwent psychological and physical testing and a multi-disciplinary evaluation. The request was made for 10 days of functional restoration program and lodging.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 DAY FUNCTIONAL RESTORATION PROGRAM: Overturned

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

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

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been

unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Clinical documentation submitted for review met the above criteria. Given the above, the request for 10 days of functional restoration program is medically necessary.

10 days lodging for functional restoration program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments).

Decision rationale: Official Disability Guidelines recommends transportation to and from all medically necessary appointment in the same community for patients with disabilities preventing them from self-transport. The clinical documentation submitted for review failed to include a rationale for the requested injured worker's lodging. Given the above, the request for 10 days lodging for functional restoration program is not medically necessary.