

Case Number:	CM13-0072681		
Date Assigned:	01/17/2014	Date of Injury:	07/26/2010
Decision Date:	04/25/2014	UR Denial Date:	12/19/2013
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 and 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 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 55 year old male with an injury date on 07/26/10. Based on the 11/27/13 progress report provided by [REDACTED], the patient's diagnosis include chronic low back pain, spondylosis lumbosacral- lumbar facet arthropathy, and sprain/strain of the lumbar region. The patient reports his pain level as a 6/10 on VAS with use of medications and a 2-3/10 without medications. This 11/27/13 progress report refers to a 10/15/10 x-ray of the lumbar spine which revealed mild-moderate lower lumbar degenerative changes, without compression fracture. This progress report also refers to a 08/12/10 MRI of the lumbar spine which found that "at the L4-5 level, there is evidence of facet arthropathy and secondary bone marrow reactive change indicating hypermobility. There is severe left and moderately severe right foraminal stenosis. At L5-S1 [there is] moderate bilateral facet arthropathy with mild to moderate bilateral foraminal stenosis." [REDACTED] is requesting for a functional restoration program evaluation (lumbar). The utilization review determination being challenged is dated 12/19/13 and recommends denial of the functional restoration program. [REDACTED] is the requesting provider, and he provided two treatment reports from 11/27/13 and 01/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM EVALUATION (LUMBAR): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs (FRPs) Page(s): 49.

Decision rationale: According to the 11/27/13 progress report provided [REDACTED], the patient presents with chronic low back pain, spondylosis lumbosacral- lumbar facet arthropathy, and sprain/strain of the lumbar region. The request is for functional restoration program evaluation (lumbar). The 01/13/14 progress report provided by [REDACTED] states that the patient completed six sessions of chiropractic therapy, six visits of physical therapy, massage therapy, and acupuncture all without significant functional improvement. In the 01/13/14 progress report, [REDACTED] states that "the patient has exhausted conservative management and failed to improve significantly from a functional standpoint" and the patient will be able to improve from a functional standpoint with the functional restoration program. The request was denied by utilization review letter dated 12/19/13. The rationale was that "there is limited evidence that the claimant exhausted all interventions." MTUS Guidelines do support the Functional Restoration Program and allows up to initial 2 weeks of program and additional treatments with documentation of improvement. The patient has attempted several methods of treatment, however those treatments were not beneficial. This initial evaluation is necessary before a full program can be considered. Recommendation is for authorization.