MAXIMUS Federal Services

Case Number:	CM14-0006241		
Date Assigned:	05/23/2014	Date of Injury:	02/06/2013
Decision Date:	08/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 42-year-old male who has submitted a claim for lumbosacral neuritis not otherwise specified, associated with an industrial injury date of February 6, 2013.The medical records from 2013 to 2014 were reviewed. The patient complained of chronic low back pain with tingling in the bilateral legs. Pain was rated 5/10 with medications, and 8/10 without medications. Physical examination of the lumbar spine showed decreased lordosis; tenderness over the L4-L5 and L5-S1 interspaces, bilateral SI joints, and paraspinal muscles; limitation of motion; and bilaterally positive straight leg raising at 35 degrees causing back pain. The diagnoses were L5-S1 disc bulge; L4-L5 degenerative disc bulge with annular tear causing right L5-S1 radicular pain. Treatment plan includes a request for continuation of functional restoration program. The treatment to date has included oral and topical analgesics, physical therapy, TFESI and home exercise program. In a utilization review from January 9, 2014 denied the request for functional restoration program (FRP), six weeks for the lumbar spine because the request did not specify whether claimant has full-time or part-time participation. Completion of the program should not exceed 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP), SIX (6) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAM,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: As stated on pages 31-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, continued functional restoration program participation is supported after a 2 week trial with demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 full-day sessions. In this case, a progress report dated March 26, 2014 stated that the patient has completed 6 weeks of functional restoration program. It was also noted that the patient has made outstanding functional gains during the initial 2 weeks of treatment. However, it was not mentioned whether patient participation was full-time or part-time. It was unclear whether the requested treatment duration would exceed guideline recommendation. The medical necessity for continued functional restoration program was not established due to lack of information. Therefore, the request for functional restoration program (frp), six (6) weeks for the lumbar spine is not medically necessary.