

Case Number:	CM14-0008727		
Date Assigned:	02/12/2014	Date of Injury:	04/10/2013
Decision Date:	07/14/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational Medicine 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 27-year-old male who has submitted a claim for low back pain associated with an industrial injury date of April 10, 2013. Medical records from 2013 were reviewed. The patient complained of low back pain, grade 5-8/10 in severity. The pain was characterized as constant, moderate in intensity, and sharp. The pain worsens with movement. Physical examination showed bilateral lumbar paraspinal muscle tenderness. There was limited active range of motion on flexion, left lateral flexion, right lateral flexion, left rotation, and right rotation. Motor strength and sensation was intact. MRI of the lumbar spine dated May 15, 2013 showed mild changes with slight neuroforaminal narrowing at L3-L4 and L4-L5. Treatment to date has included medications, physical therapy, chiropractic therapy, and activity modification. Utilization review, dated January 9, 2014, denied the request for referral to pain management for functional restoration program because the medical records did not demonstrate that the patient was an appropriate candidate for such referral or program. There was no evidence that the patient lost his ability to function independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PAIN MANAGEMENT FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration program) Page(s): 30-32. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In addition, according to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, a report dated September 12, 2013 states that a functional restoration program will address his depression as well as his physical dysfunction. However, recent medical records did not provide evidence that the patient is depressed or physically dysfunctional. The medical records did not provide an adequate and thorough evaluation of the chronic pain, and baseline functional testing was also not performed. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records also did not show evidence of inability to function independently. Furthermore, in a recent progress report dated January 2, 2014, the patient does not want to do the functional restoration program. The guideline criteria have not been met. Therefore, the request for REFERRAL TO PAIN MANAGEMENT FOR FUNCTIONAL RESTORATION PROGRAM is not medically necessary.