MAXIMUS Federal Services

Case Number:	CM14-0009323		
Date Assigned:	02/14/2014	Date of Injury:	05/14/2012
Decision Date:	07/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/24/2014

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 58-year-old male who has submitted a claim for lumbosacral neuritis/radiculitis associated with an industrial injury date of 02/02/2006.Medical records from 2011 to 2014 were reviewed and showed that patient complained of back pain radiating to the right leg. Patient has difficulty, and is frustrated at his lack of improvement despite treatment. Physical examination showed limited range of motion with hoarding. Straight leg raise test is positive on the right. DTRs are decreased. Motor testing showed weakness in the left lower extremities. Decreased sensation to the feet was noted.Treatment to date has included medications, physical therapy, epidural steroid injection, and Toradol injection.Utilization review, dated 12/23/2013, denied the request for functional restoration program evaluation because the patient did not want to undergo the requested program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FUNCTIONAL RESTORATION PROGRAMS (FRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, Functional Restoration Programs (FRPs) Page(s): 30-32.

Decision rationale: 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, patient complains of back pain with radicular symptoms despite medications and conservative therapy. However, a recent progress report, dated 11/27/2013, stated that surgery is not recommended for the patient. Furthermore, 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 did not show evidence of inability to function independently. Moreover, the patient stated that he did not want to be a part of the functional restoration program. There was no documentation that the patient has motivation to change. The guideline criteria have not been met. Therefore, the request for FUNCTIONAL RESTORATION PROGRAM EVALUATION is not medically necessary.