

Case Number:	CM14-0009855		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2010
Decision Date:	08/01/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 who has submitted a claim for lumbosacral spondylosis, lumbar facet arthropathy, lumbar sprain/strain, and chronic neck pain associated with an industrial injury date of July 26, 2010. Medical records from 2013-2014 were reviewed. The patient complained of chronic low back pain, rated 4-6/10 in severity. The pain was aggravated with standing. Physical examination showed tenderness of the lumbosacral junction. Range of motion was full with flexion but decreased by 50% with extension and decreased by 20% with rotation bilaterally. Motor strength and sensation was intact. MRI of the lumbar spine, dated August 12, 2010, revealed at the L4-L5 level, there is evidence of facet arthropathy and secondary bone marrow reactive change indicating hypermobility, and severe left and moderately severe right foraminal stenosis due to facet arthropathy; and at L5-S1, moderate bilateral facet arthropathy with mild to moderate bilateral foraminal stenosis. Treatment to date has included medications, physical therapy, chiropractic therapy, massage therapy, acupuncture, home exercise program, and activity modification. Utilization review, dated January 22, 2014, denied the request for functional restoration program evaluation.

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): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, (FUNCTIONAL RESTORATION PROGRAMS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration program) Page(s): 30-32.

Decision rationale: According to the 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, the patient was being requested for a functional restoration program evaluation because he has not been able to return back to full duty work and is working with restrictions. However, recent medical records did not provide evidence of the specific work restrictions of the patient. 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 or failure of other therapeutic options that are likely to result in improvement of the patient's condition. A recent progress report dated January 22, 2014 states that acupuncture in the past has been helpful to reduce pain and allow for better function. The records also did not show evidence of inability to function independently. The recent progress report states that the patient's gait was grossly normal, non-antalgic, and is ambulatory without any assistance. The guideline criteria have not been met. As such the request is not medically necessary.