

Case Number:	CM14-0108125		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2013
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Illinois. 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 injured worker is a 43-year-old female who reported a heavy lifting injury on 09/06/2013. During an evaluation for a Functional Restoration Program on 06/09/2014, it was noted that her pain interfered with her ability to bend and perform activities such as washing her feet. While she avoids these activities, she is capable. She is able to ambulate 15 to 30 minutes with no assistive device. She was able to sit for up to 2 hours and stand for up to 30 minutes. Her medications included Cyclobenzaprine 10 mg, Ibuprofen 600 mg and Omeprazole 20 mg. There was no documentation regarding pain relief or increased functional abilities with this medication regimen. Her diagnoses included status post lumbar strain injury, low back pain with right lower extremity radiculopathy in an L5 distribution, chronic pain syndrome, and reactive depression with features of anxiety. The rationale for the request stated that the injured worker appears to be an excellent candidate for treatment in the structured interdisciplinary program such as their Functional Restoration Program. The evaluators believed she would make significant functional gains, overcome fear-avoidance barriers to recovery, and complete treatment and be able to return back to gainful employment. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (2 weeks, 10 days, sixty hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: The request for Functional Restoration Program (2 weeks, 10 days, sixty hours) is not medically necessary. Functional Restoration Programs are recommended by the California MTUS Guidelines for patients with chronic disabling occupational and musculoskeletal disorders. Long-term evidence suggests that the benefit of these programs diminishes over time. The evaluation noted that she had failed previous treatments with rest, medications, activity modification, physical therapy, acupuncture, and pain psychology. Since a multidisciplinary functional restoration program included many of the same modalities, there is no justification for repeating previously failed treatment modalities. Therefore, this request for Functional Restoration Program (2 weeks, 10 days, sixty hours) is not medically necessary.