

Case Number:	CM14-0018427		
Date Assigned:	04/18/2014	Date of Injury:	10/23/2002
Decision Date:	08/13/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/13/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 62 years old male with an injury date on 10/23/2002. Based on the 1/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbosacral sprain/strain injury; 2. Chronic low back pain; 3. Bilateral plantar fasciitis; 4. Myofascial pain syndrome. According to this report, the patient complains of a flare-up of pain and discomfort involving low back and leg. Lumbosacral range of motion is restricted. Tender to palpate at the rib area was noted. On the 01/03/2014 and 11/26/2013 reports, there were no changes in the patient's condition. There were no other significant findings noted on this report. [REDACTED] is requesting an initial evaluation and 2 weeks of functional restoration program. The utilization review denied the request on 01/27/2014. [REDACTED] is the requesting provider and provided treatment reports from 09/03/2013 to 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 127. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: According to the 01/15/2014 report by [REDACTED] this patient presents with a flare-up of pain and discomfort involving low back and leg. The treating physician is requesting an initial evaluation and 2 weeks of functional restoration program. Regarding functional restoration programs, MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including patient's disability, motivation, negative predictors, etc. In this case, the patient has been suffering from chronic pain for over 10 years and an evaluation for functional restoration program is quite reasonable and consistent with MTUS. The request is medically necessary and appropriate.

2 WEEKS FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-33, 49.

Decision rationale: Regarding functional restoration programs, MTUS guidelines page 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. Review of the reports do not indicate the patient has had and evaluation to determine candidacy for a functional restoration program. It is not medically necessary and appropriate for the requested 2 weeks of Functional Restoration Program (FRP).