MAXIMUS Federal Services

Case Number:	CM14-0115598		
Date Assigned:	08/04/2014	Date of Injury:	09/06/2002
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 66-year-old man who sustained a work-related injury on September 6, 2002. Subsequently, he developed chronic neck and low back pain. The patient underwent L5-S1 anterior fusion on December 2003. He had also SCS impland/expland on February 2006 and 2007. According to a note dated on July 3, 2014, the patient had recently completed 5 days of an authorized 10 days functional restoration program. Following the first week of the program, the patient was reported to be acclimatizing well and weaning of Kadian was planned for the following week. It has been also reported the patient has increased low back and neck pain throughout the day. Pain level while sitting in exam as down to 6/10. In the gym it reaches about 7-8/10 while lying flat on his back. His physical examination revealed cervical tenderness with reduced range of motion and muscle spasm. His gait was antalgic and used can to ambulate. There is moderate bilateral thoracolumbar paravertebral spasm. MRI of the brain dated May 23, 2013 showed diffuse atrophy with borderline ventriculomegaly, microvascular ischemic changes, retention cysts in the left maxillary sinus measuring up to 2.2 cm, and no intra-axial mass or fluid collection. MRI of the lumbar spine dated October 25, 2013 showed a 4 mm right lateral disc protrusion at L4-5 protruding into the right neural foramen. The patient was diagnosed with chronic pain syndrome, lumbosacral spondylosis without myelopathy, spinal stenosis of C/S, cervical spondylosis without myelopathy, lumbosacral neuritis or radiculitis, sacroilitis, brachial neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, postlaminectomy syndrome, and, depressive disorder NOS. The provider requested for Functional Restoration Program, 10 additional days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, 10 additional days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-33.

Decision rationale: The patient does not fulfill the guideline criteria. There is no documentation of pain and functional improvement with previous FRP sessions. There is no documentation of the efficacy of previous 5 sessions of FRP. The request for more sessions is not justified. Therefore, the request for 10 additional days of FRP is not medically necessary.