

Case Number:	CM14-0115915		
Date Assigned:	08/04/2014	Date of Injury:	01/12/2002
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female who sustained injuries to her lower back on 1/12/02. The injured worker has an extensive treatment history including physical therapy, IDET injections, and medications. She was also enrolled in a prior functional restoration program in 2004. The treating physician report dated 6/4/14 notes the injured worker continues to report low back pain and pain into the lower extremity. It is noted that her current pain level ranges between 3-9/10 and is currently 6/10. The treating physician offered no current objective findings. The current medication includes Methadone, Endocet, Restoril, Tizandine, Cymbalta, and Nexium. The current diagnoses are chronic lower back pain, chronic pain syndrome, lumbosacral degenerative disc, opioid dependence, depression, and anxiety. The utilization review report dated 6/24/14 denied the request for 20 part-day sessions of Functional Restoration Program between 6/20/14 and 8/4/14; 6 monthly follow up Part-Day sessions between 8/4/14 and 12/17/14. His decision was based on MTUS guides stating that FRPs should not exceed two weeks without evidence of efficacy. Additionally he noted that re-enrollment in a FRP is not medically warranted for the same condition or injury according to Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Part-Day Sessions of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The injured worker has chronic low back pain. The treatment request is for 20 Part-Day sessions of a Functional Restoration Program (FRP). The MTUS citation listed and the Official Disability Guidelines list specific criteria for FRPs. Treatment records indicate that the injured worker has participated in a FRP previously in 2004 for the same condition. Cited Official Disability Guidelines specify that neither re-enrollment in repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Additionally, according to the MTUS guidelines FRP treatment is not suggested for longer than two (2) weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For these reasons this request is not medically necessary.

Monthly Follow Up Part-Day Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional restoration programs.

Decision rationale: The injured worker has chronic low back pain. The treatment request is for 6 Monthly Follow Up Part-Day sessions of a Functional Restoration Program (FRP). The MTUS citation listed and the Official Disability Guidelines list specific criteria for FRPs. Treatment records indicate that the injured worker has participated in a FRP previously in 2004 for the same condition. Cited Official Disability Guidelines specify that neither re-enrollment in repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Additionally, according to the MTUS guidelines FRP is not suggested for longer than two (2) weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For these reasons this request is not medically necessary.