

Case Number:	CM14-0121425		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2008
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family 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 worker is a 58-year-old male who was injured on 4/4/2008. He was diagnosed with lumbar pain, lumbar degenerative disc disease, sciatica, lumbar sprain/strain, and depression. He was treated with acupuncture, chiropractic treatments, physical therapy, and oral medications. He was seen on 7/7/14 by his primary treating physician's assistant, complaining of continuing low back pain, rated at 5-6/10 on the pain scale and denied any changes since his last visit. The physical examination revealed tenderness and crepitus of right hip, decreased range of motion of the lumbar spine, decreased sensation of the left leg and right leg with the left being worse than right, and positive straight leg raise test. He was recommended to continue his medications Tramadol, Norco, and Cymbalta and attend a functional restoration program, based on failed results from prior treatments. He was also offered steroid epidural injections, but the worker declined the offer. The physician's assistant reported on 8/6/14, that he was not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49-50, 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Chronic pain programs Page(s): 49, 30-32.

Decision rationale: The MTUS Chronic Pain Guidelines state that functional restoration programs are recommended, although research is still ongoing. Criteria for consideration of this type of program for a patient includes: 1.) Adequate and thorough evaluation including baseline functional testing. 2.) Previous methods of treatment have been unsuccessful. 3.) Significant loss of ability to function independently resulting from the chronic pain. 4.) Not a candidate where surgery or other treatments would be clearly warranted. 5.) Exhibiting motivation to change without secondary gains. 6.) Negative predictors of success, if applicable, and have been discussed with the patient. In the case of this worker, he seems to have tried other therapies and denied others and is still experiencing chronic back pain, and he is not a surgical candidate. He does seem to be a candidate for a functional restoration program. Therefore, as long as the program that he attends does a complete evaluation including baseline functional testing, which is commonly done by the program itself, therefore, this functional restoration program is medically necessary and appropriate.