

Case Number:	CM14-0135967		
Date Assigned:	09/03/2014	Date of Injury:	11/21/2006
Decision Date:	10/23/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 Arizona. 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 63 year old male with a date of injury on 11/21/2006. Diagnoses include lumbosacral degenerative disc disease, lumbar stenosis, and lumbar disc herniations. Subjective complaints are of low back pain with radiation to the right leg. Pain is rated at 6-9/10. Physical exam shows tenderness to the right paraspinal muscles and limited lumbar range of motion. Motor and sensory exam is intact. There is a positive right straight leg raise test. Medications have included morphine, hydrocodone, and Soma. Lumbar MRI from 5/30/2013 showed disc protrusion at L1-L2, and disc bulging at L4-S1. The patient was certified for a multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP X 10 remaining days (6hrs a day 4 days a week plus 6 monthly 5 hour follow-up visits): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 31-34.

Decision rationale: The MTUS Chronic Pain Guidelines identifies specific criteria for inclusion in a functional restoration program including; adequate and thorough prior investigation, failure of previous treatment modalities, significant loss of function independently, not a surgical candidate, and patient exhibits motivation to change. Total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. This patient has also received a functional restoration evaluation which determined patient was a candidate for treatment. The submitted documentation demonstrates that this patient fulfills all these criteria. Therefore, the use of a functional restoration program for 10 days is medically necessary.