

Case Number:	CM14-0137907		
Date Assigned:	09/05/2014	Date of Injury:	01/21/1997
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/25/2014

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, 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 52-year-old male with a date of injury of 01/21/1997. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Spasm of muscle. 3. Long-term use of medications. 4. Encounter for therapeutic drug monitoring. According to progress report 07/15/2014, the patient presents with chronic low back pain with muscle spasms. The physician states the patient's complaints are helped with medical foods. With medical foods, the patient is able to taper off Tylenol PM. Examination revealed bilateral tenderness and spasms of the L3-L4 and L5-S1 paraspinous muscles. Decreased range of motion was noted on all planes. FABEREs sign was positive. The patient's medication regimen includes Soma 350 mg, Norco 10/325 mg, and medical foods including Theramine and Sentra PM and AM. This is a request for Functional Restoration Program evaluation and 20 days in program. Utilization review denied the request on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP Evaluation and 20 day Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92, 127, Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; and ACOEM, Chapter 6, page 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Chronic pain programs (functional restoration programs).

Decision rationale: This patient presents with chronic low back pain and muscle spasms. The patient has a history of long-term use of medications and the treater is requesting an FRP evaluation and 20 days in a functional restoration program. Utilization review denied the request stating "The patient is currently assessed as not making an additional progress with persistent pain; however, it is not clear that the patient is participating in a self-directed home exercise program in order to return to work." The MTUS guidelines pg. 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. In this case, the treater is requesting the evaluation and 20 days in the program. MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. Therefore, FRP Evaluation and 20 day Functional Restoration Program is not medically necessary.