

Case Number:	CM14-0175495		
Date Assigned:	10/28/2014	Date of Injury:	03/14/2014
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This is a 65-year old female patient with a date of injury on 3/14/2014. According to a progress report dated 9/22/14, the patient presented for a follow-up visit for her chronic low back pain. She found that physical therapy has provided substantial improvement for her pain, and she has noticed greater than a 50% reduction in her pain. She rated her pain currently as a 2/10 with pain ranging between 2-6. The pain only went up to a 6/10 without the medication, Naproxen. The provider has released her to a trial of full duty work. If she fails, then consideration will be given to a Functional Restoration Program (FRP). Objective findings: tenderness in the midline of the lumbar spine from L4-S1, she flexes with her fingers going to her shins causing back pain and extends about 30 degrees with low back pain. Diagnostic impression: spondylosis of unspecified site, spinal stenosis lumbar, acquired spondylolisthesis. Treatment to date: medication management, behavioral modification, physical therapy. A Utilization Review (UR) decision dated 10/2/2014 denied the request for Functional Restoration Program Evaluation and Treatment: 1 visit for evaluation and 12 visits for program. The rationale provided was that physical therapy produced marked improvement in pain levels by as much as 50%, with a pain score of 2/10, ranging from 2/10 to 6/10. Significant loss of ability to function independently has not been established. Functional limitations were noted to be in the subjective, and it was not documented that the patient is not a surgical candidate. It was also unclear why the patient has refused injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program evaluation and treatment: 1 visit for evaluation and 12 visits for program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, there is no documentation that previous methods of treatment for her chronic pain have been unsuccessful. In fact, according to the 9/22/2014 progress report, the patient mentioned that physical therapy has provided significant improvement for her pain. In addition, the patient's pain level was minimal, ranging between a 2-6. Furthermore, the provider has released her to a trial of full duty work. If she fails, then consideration will be given to a Functional Restoration Program (FRP). There is no documentation regarding the patient's return to work attempt or the outcome of her trial to return to work. There is no documentation of objective functional goals mentioned in the reports reviewed and no documentation that the patient is not a surgical candidate. Therefore, the request for Functional Restoration Program Evaluation and Treatment: 1 visit for evaluation and 12 visits for program are not medically necessary.