

Case Number:	CM14-0020375		
Date Assigned:	05/02/2014	Date of Injury:	05/01/2005
Decision Date:	08/04/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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 57-year-old male who has submitted a claim for lumbar spine strain, right lumbar radiculopathy, degenerative joint/degenerative disc disease of the lumbar spine, lumbar spine stenosis with bulging L2-L3, L3-L4, L4-L5 and L5-S1, history of right rib contusion straining injury, and status post right hemilaminectomy L4-L5, S1 level associated with an industrial injury date of May 1, 2005. Medical records from 2013-2014 were reviewed. The patient complained of low back pain. The pain radiates to the right lower extremity. Physical examination showed tenderness in the right upper, mid and lower paravertebral muscles. There was limited range of motion of the lumbar spine with increased pain on extension. There was decreased sensation in the right lower extremity at the L5 distribution and trace weakness of the right extensor hallucis longus and tibialis anterior. MRI of the lumbar spine, dated November 10, 2013, revealed right laminectomy defects at L5 and S1 associated with enhancing ill-defined signal abnormalities in the defects and some of the surrounding paraspinal soft tissue structures. Treatment to date has included medications, physical therapy, home exercise program, activity modification, lumbar decompression and discectomy Utilization review, dated February 12, 2014, denied the request for functional restoration program because medical records do not specifically request it, and there was no evidence that an interdisciplinary evaluation has been completed or that the patient has a significant loss of ability to function independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM, 2X6 WEEKS, TOTAL OF 12 SESSIONS,
FOR THE LUMBAR SPINE: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration program) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, rationale for a functional restoration program was not provided from the medical records submitted. The medical records did not provide an adequate and thorough evaluation of the chronic pain, and baseline functional testing was also not performed. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records did not show evidence of inability to function independently. Moreover, there was no documentation that the patient has motivation to change. The guideline criteria have not been met. Therefore, the request For Functional Restoration Program, 2X6 weeks, total of 12 sessions, for the lumbar spine is not medically necessary.