

Case Number:	CM14-0023584		
Date Assigned:	05/12/2014	Date of Injury:	06/19/1995
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 19, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of opioid therapy; and unspecified amounts of the physical therapy over the life of the claim. In a utilization review report dated February 3, 2014, the claims administrator apparently denied a request for an initial functional restoration program, citing MTUS Guidelines. The utilization review rationale was very sparse and comprised almost entirely of the cited guideline. The utilization review stated that the attending provider documentation was not sufficient to support the request. The applicant's attorney subsequently appealed. A March 21, 2014 progress note was notable for comments that the applicant had chronic pain complaints. The applicant was asked to do home exercises. Norco was suggested. On January 24, 2014, the applicant was described as using Norco and Lidoderm for pain relief. It was stated that the applicant could attend a Chronic Pain Program/Functional Restoration Program. The attending provider acknowledged that he was the founder of the functional restoration program in question. The applicant was described as using Norco and Lidoderm for chronic low back pain as of earlier progress note of August 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPs).

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

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, some of the cardinal criteria for pursuit for functional restoration program include evidence that an applicant has a significant loss of ability to function independently resulting from chronic pain and is not a candidate for other treatments and that there is an absence of other options likely to result in significant clinical improvement. In this case, however, the applicant's work status and functional status have not been outlined. The applicant's response to earlier treatment has not been outlined. No clear goals of the functional restoration program in question have been provided. There is no evidence that the applicant is at the baseline, precursor evaluation prior to consideration of the functional restoration program. Therefore, the request is not medically necessary, for all of the stated reasons.