

Case Number:	CM14-0040550		
Date Assigned:	06/20/2014	Date of Injury:	07/15/1996
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 63-year-old male with a date of injury of 07/15/1996. The patient's diagnoses per [REDACTED] are long-term medicine use, spinal cord disease, chronic pain, cervical spinal stenosis and sciatica. According to progress report 02/03/2014 by [REDACTED], the patient presents with neck and low back pain. It was noted the patient has a flare-up of pain due to a recent road trip. The pain is located in his lower back with radicular symptoms into his bilateral lower extremities. He also complains of tightness and stiffness throughout his lower back and bilateral lower extremities. Current medication regimen includes Buprenorphine 2 mg, Baclofen 10 mg, Lyrica 150 mg, Viagra 50 mg, and baby aspirin 81 mg. The physician states the patient has undergone multiple surgeries including two lumbar decompression surgeries and most recently, an anterior discectomy with fusion in 2000 and ESIs without benefit. He is currently having a flare-up of pain and stiffness in his lower back and continues to have radicular symptoms into the lower extremities. The physician believes the patient will be best treated in a multidisciplinary program. Request is for a Functional Restoration Program 20 days for 4 weeks. Utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 20 days (4 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: This patient presents with chronic neck, mid back, and low back pain. The physician reports patient has undergone multiple surgeries to the neck and back and continues to have pain. The physician believes the patient would best be treated in a multidisciplinary program. The request is for Functional Restoration Program 20 days for 4 weeks. The MTUS guidelines page 49 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met. The criterion includes (1) an 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, an evaluation has not taken place. MTUS states functional restorations are indicated only after adequate and thorough evaluation has been made. Therefore the request is not medically necessary.