

Case Number:	CM14-0041781		
Date Assigned:	07/02/2014	Date of Injury:	03/30/2012
Decision Date:	08/20/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 claimant injured his low back on 03/30/12. He had some carpet rolls fall on him and he twisted his back to get out of the way. A functional restoration program is under review. Electromyogram (EMG) and Nerve Conduction Studies on 10/15/12 reportedly showed a right L5-S1 radiculopathy. Magnetic resonance imaging (MRI) on 11/06/12 was completely normal. He has had conservative treatment. He also has left shoulder pain and hernias. He has continued working at the same job with restrictions. He had an initial evaluation for an FRP on 03/20/14. His pain level was 5-7/10 and he was taking only pantoprazole. No pain medications were identified. He had lumbar tenderness with decreased range of motion. He had a right straight leg raise that caused pain to the posterior thigh and no focal neurologic deficits. He also had symptoms of depression and anxiety. He had some medications and physical therapy and had not had any other treatments. He was not a surgical candidate. He had been recommended to have epidural steroid injections but he was worried about that and it was deferred. He was still working with some mild work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program X 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 63 and 82.

Decision rationale: The history and documentation do not objectively support the request for a Functional Restoration Program. The California Medical Treatment Utilization Schedule (MTUS) state Functional restoration programs (FRPs) may be recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case, there is no clear evidence that the claimant has completed or attempted and failed all other reasonable conservative treatment for his injury. His course of evaluation and treatment to date is unclear, including whether or not he has tried and failed local modalities, exercise, and the judicious use of medications. The medical necessity of this request for an Functional Restoration Program has not been clearly demonstrated.