

Case Number:	CM14-0046735		
Date Assigned:	07/02/2014	Date of Injury:	06/06/2009
Decision Date:	08/27/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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:

The injured worker is a 41-year-old female with a reported date of injury on 06/06/2009. The mechanism of injury reportedly occurred when heavy boxes fell on top of her. Her diagnoses were noted to include persistent back pain following L5-S1 disc replacement and laser disc surgery, mild to moderate chronic lumbago, and bilateral sciatic radiculopathy. Her previous treatments were noted to include physical therapy, surgery, medications, and epidural nerve block injections. The progress note dated 02/25/2014 revealed the injured worker complained of pain rated 5/10 with medications and the lumbar/thoracic spine region. The physical examination noted the injured worker had been able to complete all exercises with the Functional Restoration Program and was highly motivated in gym rehabilitation. The provider indicated the injured worker needed to continue to work on increasing her activity tolerance so that she could increase her functional mobility and ambulation for longer periods of time. The request for authorization form was not submitted within the medical records. The request was for Functional Restoration Program times 2 weeks to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program times 2 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: The request for a Functional Restoration Program times 2 weeks to the lumbar spine is not medically necessary. The injured worker has received treatment with the Functional Restoration Program. The California Chronic Pain Medical Treatment Guidelines recommend Functional Restoration Programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional Restoration Programs, a type of treatment included in the category of interdisciplinary pain programs, 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. Functional Restoration Programs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is a lack of documentation regarding subjective and objective gains with the Functional Restoration Program. Additionally, there is a lack of documentation regarding the number of sessions completed. Therefore, the request is not medically necessary.