

Case Number:	CM14-0047962		
Date Assigned:	07/02/2014	Date of Injury:	02/26/2001
Decision Date:	08/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/16/2014

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 52-year-old male who has submitted a claim for cervical radiculitis, cervical stenosis, lumbar radiculitis, lumbar disc disease, and cervical disc disease; associated with an industrial injury date of 02/26/2001. Medical records from 2013 to 2014 were reviewed and showed that patient complained of pain that is moderately severe. There is tingling and weakness in the upper and lower extremities. Pain is increased with extended standing, sitting, walking, and exercise; and improved with relaxation and rest. Physical examination showed full range of motion in the cervical spine with increased pain with right rotation and extension. Seated straight leg raise test was negative on the right. Motor exam was 5/5 in the upper extremities with elbow flexion and extension. There was decreased sensation over the C5-C6 dermatome and right L4-L5 dermatome. Treatment to date has included medications, physical therapy, and bilateral laminectomy and partial facetectomy with posterior lumbar interbody fusion (05/06/2003), bone growth stimulator explantation and anterior cervical discectomy and fusion (11/04/2003), repeat posterolateral fusion (08/30/2004), and lumbar extreme lateral interbody fusion (02/11/2013). Utilization review, dated 03/18/2014, denied the request for initial consultation for functional restoration program because the patient does not have a significant loss of ability to function independently, and it is unknown if the patient will be returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 initial consultation for functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic pain programs 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, patient complains of pain with tingling and weakness in the upper and lower extremities despite medications, physical therapy, and multiple spinal surgeries. However, there is no discussion regarding a significant loss of ability to function independently, or that the patient exhibited motivation to change. The guideline criteria have not been met. Therefore, the request for 1 Initial Consultation for Functional Restoration Program is not medically necessary.