

Case Number:	CM14-0051370		
Date Assigned:	07/07/2014	Date of Injury:	06/17/2011
Decision Date:	08/15/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 & 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 48-year-old male with a date of injury of June 17, 2011. The listed diagnoses are: Thoracic or lumbosacral neuritis and radiculitis, Lumbar spine sprain/strain, Arthropathy, not specified, of shoulder, Lumbago, Pain in joint of shoulder, Joint disorder, not otherwise specified, of shoulder. According to progress report March 13, 2014, the patient presents with low back pain and left lower extremity pain. The patient rates the pain as 5/10 on a pain scale. The pain is characterized as aching and burning and radiates to the right buttock and right hip. His medication regimen includes cyclobenzaprine, hydrocodone, pantoprazole, and Menthoderm gel. Patient states the current medication regimen helps manage his pain symptoms adequately. Examination of the lumbar spine revealed restrictive range of motion and positive straight leg raise testing on both sides in a sitting position. On sensory examination, light touch sensation is decreased over L4, L5, and S1 dermatomes on the right side. Request for authorization from March 21, 2014 requests 80 hours of functional restoration program-initial trial. Utilization review denied the request on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

80 hour functional restoration program initial trial: Overturned

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 Functional Restoration Programs (FRPs) Page(s): 49, 30-33.

Decision rationale: This patient presents with low back pain and left lower extremity pain. The treating physician is requesting that patient participate in an 80-hour functional restoration program as an initial trial. The medical file provided for review indicates the patient had a multidisciplinary initial evaluation on March 20, 2014 which included a comprehensive medical and psychological evaluation. The initial evaluation report states the patient had previous conservative treatment and is not a surgical candidate. The patient has lost ability to function independently and a Functional restoration program is recommended. Utilization review denied the request stating the patient is able to function independently and does not have extenuating circumstances (i.e. excessively high doses of narcotics to warrant an FPR. The California MTUS Guidelines recommend functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) 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 treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, criteria for participation in a FRP have been met. Review of the FRP evaluation indicates the patient has lost ability to function independently, tried conservation measures and is not a candidate for surgery. Furthermore, the patient has expressed motivation to change and negative predictors of success where addressed. The request is medically necessary.