

Case Number:	CM14-0054803		
Date Assigned:	07/07/2014	Date of Injury:	06/20/2002
Decision Date:	10/03/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Pain 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 injured worker is a 55-year-old male with an original date of injury of June 20, 2002. The current diagnoses include chronic low back pain, lumbar radiculopathy, lumbar disc injury, and failed back surgery syndrome. The patient has a history of lumbosacral fusion in April 2004 with a another fusion in November 2007. The patient has a concomitant depression, and is being treated with Remeron for this. Conservative treatments have included physical therapy, neuropathic pain medications, and Norco for breakthrough pain. The disputed issue is a request for a functional restoration program. A utilization review decision had noncertified this request. The stated rationale for this was that injured worker had attended a functional restoration program previously. Following this program, there was no indication that the patient had leaned any medication, attempted home exercise, or displayed a current motivation to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Restoration after care program for 8 days: 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 FRP
Page(s): 31-33.

Decision rationale: The submitted documentation includes a special report on September 13, 2013. In this document, the injured worker had gone through a functional restoration program and it was "successful in helping the patient cope with his chronic pain condition as well as cutting down his pain medication Norco from 5 tablets a day down to 3 tablets a day." The patient was also leaned off long-acting MS Contin during this process. A progress note on February 7, 2014 indicates that the treatment plan is for the patient to attend a post functional restoration program course. The goal is to refresh and educate the patient on techniques originally learned through the functional restoration program. In this case, it is not a standard of practice for patient to have a refresher course in a functional restoration program. These intense multidisciplinary programs are designed to teach long-lasting skills to help patient better cope with all aspects of chronic pain management. It is also unclear as to why a less multidisciplinary approach such as the use of pain psychology to focus on some of the coping techniques in chronic pain cannot be utilized. The guidelines do not have provision for refresher courses of functional restoration program, and this request is not medically necessary.