

Case Number:	CM14-0057470		
Date Assigned:	07/09/2014	Date of Injury:	11/24/1999
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain 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:

This patient sustained an injury on 11/24/1999 while employed by [REDACTED]. Request under consideration include Functional Restoration Program (FRP) for the lumbar spine. Diagnoses include cervical disc bulge; carpal tunnel syndrome status post release 2007 on right, 2011 on left; status post right cubital release 2009; history of T10 presacral fusion 2012; and left lumbar pain with sciatica. Report of 4/4/14 from orthopedist noted patient was there for follow-up and would benefit from FRP, noting that this can help reduce narcotic usage and might be helpful for the patient. Exam showed diffuse tenderness over right intrapelvic bolt area; no motor deficits shown in the lower extremities; restricted lumbosacral range of motion as expected after lumbar fusion; and retained pelvic bolt. The request for Functional Restoration Program for the lumbar spine was not medically necessary on 4/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for the lumbar spine: Upheld

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 Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: This patient sustained an injury on 11/24/1999 while employed by [REDACTED]. Request under consideration include Functional Restoration Program (FRP) for the lumbar spine. Diagnoses include cervical disc bulge; carpal tunnel syndrome status post release 2007 on right, 2011 on left; status post right cubital release 2009; history of T10 presacral fusion 2012; and left lumbar pain with sciatica. Report of 4/4/14 from orthopedist noted patient was there for follow-up and would benefit from FRP, noting that this can help reduce narcotic usage and might be helpful for the patient. Exam showed diffuse tenderness over right intrapelvic bolt area; no motor deficits shown in the lower extremities; restricted lumbosacral range of motion as expected after lumbar fusion; and retained pelvic bolt. The request for Functional Restoration Program for the lumbar spine was not medically necessary on 4/24/14. Guidelines criteria for a Functional Restoration Program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline, not seen here. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration to return to work for this chronic injury with delayed recovery beyond recommended time frame for successful outcome. The patient has remained not working, on chronic opioid medication without functional improvement from extensive treatments already rendered. There are also no psychological issues demonstrated or evaluation documenting medical necessity for a Functional Restoration Program. The Functional Restoration Program for the lumbar spine is not medically necessary and appropriate.