

Case Number:	CM14-0065215		
Date Assigned:	07/11/2014	Date of Injury:	09/29/2005
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency 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 51 year-old female, who sustained an injury on September 29, 2005. The mechanism of injury is not noted. Diagnostics are not noted. The treatments have included: medications, 4 weeks (160 hours) of a functional restoration program. The current diagnoses are: lumbosacral disc degeneration, myofascial pain syndrome, lumbosacral radiculopathy. The stated purpose of the request for Functional Restoration Program Evaluation was to continue progress made in the initial four weeks of the program. The request for Functional Restoration Program Evaluation was denied on April 24, 2014, citing a lack of documentation of the medical necessity for additional functional restoration program sessions after completion of 4 weeks (160 hours of the program). Per the report dated April 15, 2014, the treating physician noted the injured worker had completed 4 weeks of a functional restoration program for an aggravation of a prior back injury, with several measured areas of significant improvement. These included pain coping techniques, and improvement in strength, flexibility, and endurance. Per the report dated June 23, 2014, the treating physician noted complaints of continued low back pain with radiation to both lower extremities, and noted that the injured worker is doing stretching exercises and light walking and is working full time without restrictions and is able to tolerate this well, and utilizes medications only as needed for pain control. Exam findings included lumbar paraspinal tenderness with a positive left-sided straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain." The injured worker has continued low back pain with radiation to both lower extremities, and doing stretching exercises and light walking and is working full time without restrictions and is able to tolerate this well, and utilizes medications only as needed for pain control. The treating physician has documented lumbar paraspinal tenderness with a positive left-sided straight leg raising test. The referenced guideline notes "These programs emphasize the importance of function over the elimination of pain." The injured worker is reported as working full time without restrictions and uses medication only as needed. The treating physician has not documented the specific rationale for additional aftercare sessions, or why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The criteria noted above not having been met, Functional Restoration Program Evaluation is not medically necessary.