

Case Number:	CM14-0068374		
Date Assigned:	07/14/2014	Date of Injury:	10/21/2011
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 28-year-old male who has submitted a claim for lumbar spine herniated nucleus pulposus with radiculopathy and sleep deprivation, status post L4-L5 microdiscectomy (02/06/2012) and status post revision hemilaminotomy with partial medial facetectomy, foraminotomy, and discectomy at L4-L5 (09/16/2013); associated with an industrial injury date of 10/21/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of lower back pain radiating into the bilateral lower extremities with numbness and tingling and weakness, left hip pain and sleep deprivation related to pain. Physical examination showed bilateral paravertebral muscle spasms worse around the L4-L5 region. Range of motion was decreased with moderate to severe pain on movement. Straight leg raise test was positive bilaterally. Lumbar spine orthopedic tests were positive bilaterally. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated 04/17/2014, denied the request for FRP evaluation because the patient completed 4 visits of physical therapy and was said to be improving, and has not exhausted conservative care, and there was no indication that the patient has reached maximum benefit from physical therapy alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP EVALUATION: Upheld

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

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 low back pain with radicular symptoms and left hip pain despite medications, physical therapy and surgery as stated above. The most recent progress report, dated 04/09/2014, stated that the patient has had 4 out of 6 physical therapy visits and was slowly improving. However, the medical records did not provide an adequate and thorough evaluation of the chronic pain, and baseline functional testing was also not performed. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition, as the patient has had only physical therapy. In addition, the records failed to show evidence of inability to function independently. There was no documentation that the patient has motivation to change. The guideline criteria have not been met. Therefore, the request for FRP EVALUATION is not medically necessary.