

Case Number:	CM14-0076079		
Date Assigned:	07/16/2014	Date of Injury:	04/22/2013
Decision Date:	08/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 and is licensed to practice in Illinois. 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 48-year-old male who has a reported date of injury on 04/22/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include iliolumbar strain, lumbosacral strain, lumbosacral radiculopathy and disc protrusion. His previous treatments were noted to include electrical acupuncture, myofascial release and infrared. The progress note dated 06/23/2014 revealed the injured worker complained of ongoing pain to the lower back and described this pain as aching, sharp, burning, stinging and shooting rated 6/10. The injured worker reported difficulty sleeping due to pain and about his relationships with other people have been affected by his pain due to stress, depression and problems with work pace/persistence. The injured worker is able to groom without difficulty and with some difficulty the injured worker is able to bathe, clean, cook, dress, drive, and sexual activity. The injured worker revealed a depressed mood and issues with stress. The physical examination to the neck, back and extremities revealed trigger points palpated in the gluteus, medius and quadratus lumborum bilaterally. There was a limited range of motion due to pain to the lumbar spine. The motor strength testing was decreased and sensation was intact to light touch in dermatomes L3-S1 bilaterally. The provider indicated the injured worker needed to start the functional restoration program and that he would need time away from work to get the appropriate treatment to maximize his functional recovery and bring his case to a maximal medical improvement status. The provider indicated the functional restoration program would assist in not only making his goals but to step in place of a controversial surgical procedure. The Request for Authorization form dated 05/08/2014 was for participation in a 10-day trial of the functional restoration program to the complexity of the injured worker's ongoing problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Participation in a ten (10) day trial of Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs (Functional Restoration Program). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), FRPs (Functional Restoration Program); Fitness for Duty, Functional Capacity Evaluation chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: The request for participation in the 10-day trial of a functional restoration program is not medically necessary. The injured worker has received a previous evaluation for a functional restoration program and was approved. The California Chronic Pain Medical Treatment Guidelines recommend functional restoration programs, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs, the type of treatment including the category of interdisciplinary pain programs were designed to use a medically directed interdisciplinary pain management approach, specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminished over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation provided indicated the injured worker had already been approved for a functional restoration program and they just needed to get the injured worker to begin. Therefore, the request is not medically necessary.