

Case Number:	CM14-0079017		
Date Assigned:	07/18/2014	Date of Injury:	12/10/2013
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 44 year-old patient sustained an injury on 12/10/13 while employed by [REDACTED]. Request under consideration include Functional restoration program evaluation for lower back pain, as outpatient. Diagnosis include Lumbago. Report of 4/29/14 from the provider noted the patient with lower back pain and swelling in the lower back; TENS unit helps during physical therapy. The patient was given work restrictions, but has not returned to any form of work noted. Exam documented Motor exam is unchanged; sensory exam is unchanged; Reflex exam is unchanged; Straight leg raise is unchanged; and Gait is unchanged; pain upon palpation over lower back. Diagnoses included Lumbago. Treatment plan included dispensing TENS unit and FRP evaluation. Per peer discussion with the provider in May 2014, the patient has ongoing complaints of aching, burning, and cramping pain rated at 8/10 which interferes with sleep. There is reported anxiety and depression secondary to slip and fall. Per the provider, conservative care has included NSAIDs, Tylenol #3, Soma, and Nabumetone. The patient has received 6 physical therapy visits and has had no other treatment modalities such as chiropractic care, acupuncture, home exercise program, cognitive behavioral therapy trial or injections. The request for Functional restoration program evaluation for lower back pain, as outpatient was non-certified on 5/14/14 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 evaluation for lower back pain, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: This 44 year-old patient sustained an injury on 12/10/13 while employed by [REDACTED]. Request under consideration include Functional restoration program evaluation for lower back pain, as outpatient. Diagnosis include Lumbago. Report of 4/29/14 from the provider noted the patient with lower back pain and swelling in the lower back; TENS unit helps during physical therapy. The patient was given work restrictions, but has not returned to any form of work noted. Exam documented Motor exam is unchanged; sensory exam is unchanged; Reflex exam is unchanged; Straight leg raise is unchanged; and Gait is unchanged; pain upon palpation over lower back. Diagnoses included Lumbago. Treatment plan included dispensing TENS unit and FRP evaluation. Per peer discussion with the provider in May 2014, the patient has ongoing complaints of aching, burning, and cramping pain rated at 8/10 which interferes with sleep. There is reported anxiety and depression secondary to slip and fall. Per the provider, conservative care has included NSAIDs, Tylenol #3, Soma, and Nabumetone. The patient has received 6 physical therapy visits and has had no other treatment modalities such as chiropractic care, acupuncture, home exercise program, cognitive behavioral therapy trial or injections. The request for Functional restoration program evaluation for lower back pain, as outpatient was non-certified on 5/14/14. It appears the patient has not exhausted any conservative treatment trial and remains not working despite allowance for modified duty. It is unclear why the patient requires a Functional Restoration Program evaluation at this time. The clinical exam findings remain unchanged and there is no documentation of limiting ADL functions or significant loss of ability to function independently resulting from the chronic pain. Submitted reports have not specifically identified neurological and functional deficits amenable to a FRP with motivation for return to work status. Per MTUS Chronic Pain Treatment Guidelines, criteria are not met. At a minimum, there should be appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. 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 nor is there identified psychological or functional inability for objective gains and measurable improvement requiring a functional restoration evaluation. Medical indication and necessity have not been established. The Functional restoration program evaluation for lower back pain, as outpatient is not medically necessary and appropriate.