

Case Number:	CM14-0083167		
Date Assigned:	06/23/2014	Date of Injury:	02/01/2012
Decision Date:	07/21/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 Occupational 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 female with date of injury 2/1/2012. Per progress note dated 3/12/2014 the injured worker reports increased pain in her low back. She has a flareup of pain in the central and right left paraspinal areas and rates her pain is up to 9/10. Her pain occurs with walking and standing and arising from sitting. She continues to have some pain in the right right lower extremity thigh and calf. She remains off work. On exam there is right lower extremity pain with positive straight leg raising test on right. Lumbosacral pain is increased with flexion to the mid tibia and increased pain with secondary limited extension. She has pain climbing off and on the examination table. Diagnoses include lumbar disc disease, lumbar and facet disease and grade 2 spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program, 20 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

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

Decision rationale: The requesting physician participated in a multidisciplinary conference to discuss treatment options for the injured worker in a functional restoration program. Their report dated 5/5/2014 describes the injured worker as a female with a chronic back injury who has failed to progress with conservative therapy, and not being a candidate for opiates use. The providers address the criteria for use of multidisciplinary pain management program described in the California MTUS Guidelines to support the request for functional restoration, including failed conservative treatment, significant loss in independent function, not being a surgical candidate, motivation to improve, and addressing negative predictors. The California MTUS Guidelines recommend the use of functional restoration programs. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. A twenty day program is beyond these guidelines without documentation of increased function. The request for functional restoration program, 20 days is determined to not be medically necessary. The request for functional restoration program, 20 days is determined to not be medically necessary.