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| Case Number: | CM14-0090066 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/01/2013 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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, has a subspecialty in Interventional Spine 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 32 year old male with an injury date of 08/01/13. Based on 04/22/14 progress report provided by [REDACTED], the patient complains of low back pain and a history of leg pain radiculitis. Patient has had lumbar epidural steroid injection on 01/28/14 and has responded well. The treating physician states that conservative treatments have been exhausted, although another lumbar ESI may be repeated in the future. The diagnosis are: lumbar disc displacement without myelopathy, disorder NEC NOS lumbar disc, and pain psychogenic NEC. [REDACTED] is requesting Functional Restoration Program (FRP) 160 Hours Lumbar Spine Physical Medicine Procedure (Outpatient). The utilization review determination being challenged is dated 05/07/14. The rationale is "not medically necessary because injury is less than one year old and other treatment modalities and pain generators have not been ruled out. Also, no relevant information regarding fracture of left ankle was available." [REDACTED] is the requesting provider, and he provided treatment reports from 11/21/13 - 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) 160 Hours Lumbar Spine Physical Medicine Procedure (Outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Guidelines Functional Restoration Programs (FRP).

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

Decision rationale: Patient presents with low back pain radiating to leg. The request is for Functional Restoration Program (FRP) 160 Hours Lumbar Spine Physical Medicine Procedure (Outpatient). Per treating physician report dated 04/22/14, patient's diagnosis is lumbar disc displacement without myelopathy, and is status post lumbar ESI. The MTUS guidelines pg. 49 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including a thorough evaluation; significant loss of function and chronic pain; not a candidate for surgery; is motivated to change and the negative predictors are addressed. Review of report from [REDACTED] dated 04/22/14, appears to adequately address each of these issues. The patient does present with significant functional deficits, failed variety of conservative measures, stated that patient is not a candidate for surgery, is motivated to change and the negative factors have been addressed. However, MTUS also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. In this case, while the patient appears to be a candidate for functional restoration program, the requested 160 hours to start the program exceeds what is allowed per MTUS. Therefore, the request is not medically necessary.