

Case Number:	CM14-0092294		
Date Assigned:	09/12/2014	Date of Injury:	02/03/2012
Decision Date:	10/14/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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 Nevada. 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 records, presented for review, indicate that this 45-year-old female was reportedly injured on 2/3/2012. The mechanism of injury was noted as a low back injury after moving patients. The most recent progress note, dated 5/22/2014, indicated that there were ongoing complaints of low back pain with radiation to the lower extremities. Physical examination demonstrated tenderness to the peritrochanteric region bilaterally, trigger points in the gluteus medius, quadratus lumborum, lumbar region and lumbosacral region bilaterally. There was lumbar range of motion with flexion 80, extension 5 and lateral bending 10. Motor strength was 4/5 knee extension bilaterally, otherwise 5/5 in the lower extremities. There was paresthesias to light touch in the lateral right leg. Reflexes were 2+ bilaterally in the lower extremities. There was a positive SI joint compression test bilaterally and positive slump test on the right. No recent diagnostic imaging studies available for review. Diagnosis was lumbar spine neuritis or radiculitis. Previous treatment included chiropractic treatment, acupuncture and medications. A request had been made for 10 day trial functional restoration program 2 x 5, which was not certified in the utilization review on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Day Trial Functional Restoration Program 2 x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs). Decision based on Non-MTUS Citation Bendix, 1998; Guzman, 2001; Airaksinen, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127..

Decision rationale: Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted and are required to meet selection criteria per MTUS treatment guidelines. After review of the available medical records, the claimant does not meet required criteria. In addition, she is currently working on regular duty, per the functional capacity evaluation by a physical therapist on 4/9/2014. As such, this request is not considered medically necessary.