

Case Number:	CM14-0096518		
Date Assigned:	07/28/2014	Date of Injury:	04/02/2001
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 40-year-old male who has submitted a claim for chronic pain syndrome, lumbar/lumbosacral disc degeneration, lumbar spinal stenosis, and lower leg pain; associated with an industrial injury date of 04/02/2001. Medical records from 2008 to 2014 were reviewed and showed that patient complained of back pain. Patient performs individualized postural corrective therapy at home and feels good after each session. He reports improved flexibility, endurance, balance, and postural awareness from functional conditioning sessions. Physical examination showed limited lumbar range of motion. Deep Tendon Reflexes (DTRs) were normal. Motor testing showed weakness of right hip flexion, knee flexion, ankle dorsiflexion, and great toe extension. Treatment to date has included medications, physical therapy, functional restoration program (FRP), and right knee arthroscopy (06/11/2001). Utilization review, dated 06/18/2014, denied the request for functional restoration program because of lack of documented evidence of clinical improvement as a result of initial FRP sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

112 (one hundred and twelve) hours at the [REDACTED] Restoration Program:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, patient has completed the intensive phase of the [REDACTED] FRP, and reports improved flexibility, endurance, balance, and postural awareness from the program thus far. The most recent progress report, dated 06/17/2014, states that the patient has shown improvement in his functional capabilities so far throughout Phase A of the functional conditioning program, and that patient will experience a significant amount of progress with his condition. In addition, patient has shown motivation to complete the program. The guideline criteria have been met. Therefore, the request for 112 (one hundred and twelve) hours at the [REDACTED] Functional Restoration Program is medically necessary.