

Case Number:	CM13-0009087		
Date Assigned:	10/11/2013	Date of Injury:	08/04/2011
Decision Date:	04/14/2015	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old female who sustained an industrial related injury on 8/4/11 due to a slip and fall accident. The injured worker had complaints of low back and right lower extremity pain. Treatment included physical therapy. Diagnoses included lumbar disk displacement without myelopathy, disorders of the sacrum, and sciatica. Medications included Buprenorphine, Protonix, and Naproxen. The treating physician requested authorization for a [REDACTED] Functional Restoration program continuous course multidisciplinary treatment for the duration of 160 hours. On 7/30/13 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted all lower levels of care have not been yet exhausted. The injured worker also has not undergone psychotherapy in order to address the psychological issues of depression and anxiety. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] FUNCTIONAL RESTORATION PROGRAM CONTINUOUS COURSE MULTI-DISCIPLINARY TREATMENT FOR THE DURATION OF 160 HRS:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

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

Decision rationale: The patient presents with low back and lower extremity pain and has a date of injury of 8/4/11. Request for Authorization dated 7/23/13 requests [REDACTED] Functional Restoration Program x160. "[REDACTED] is a continuous course Multi-disciplinary treatment for the duration of 160 hours."The current request is for [REDACTED] FUNCTIONAL RESTORATION PROGRAM CONTINUOUS COURSE MULTI-DISCINPLINARY TREATMENT FOR THE DURATION OF 160 HRS. The MTUS page 30 to 33 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, 1. Adequate and thorough evaluation has been made, 2. Previous methods of treating chronic pain have been unsuccessful, 3. Significant loss of ability to function independently resulting from the chronic pain, 4. Not a candidate for surgery or other treatment would clearly be warranted, 5. The patient exhibits motivation to change, 6. Negative predictors of success above have been addressed. The patient underwent a thorough evaluation on 7/23/13 and the treating physician is recommending that the patient participate in a functional restoration program. The MTUS recommends Functional Restoration Program for patients that meet all 6 criteria for FRPs as discussed above. According to progress report dated 7/24/13, the patient has been recommended for lumbar surgery. The patient has some doubts and would like a second opinion. It was also noted that the patient did undergo a trial with Buprenorphine and "noted some improvement in function with this and no side-effects, but did not feel that it provided significant enough improvement."Treatment plan included trying to titrate upwards on Buprenorphine to see if this would produce better results. In this case, recommendation cannot be made as the patient is currently a surgical candidate and is trying an increased dosage of Buprenorphine. MTUS states that a FRP can be considered if previous methods of treating chronic pain have been unsuccessful and the patient is not a surgical candidate. The requested function restoration program IS NOT medically necessary.