

Case Number:	CM14-0161316		
Date Assigned:	10/06/2014	Date of Injury:	09/17/2013
Decision Date:	01/16/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 57 year old male who was injured at work on 09/17/2013. The injured worker is reported to be complaining of severe low back pain that radiates to the left lower extremity. The pain was reported to be 7-8/10 in severity, associated with sleep difficulty and mood disorder. The worker last worked in January 2014 due to the medical problems. The physical examination revealed right planter flexor weakness, normal pin prick tests, equivocal 1+ deep tendon reflexes bilaterally. The worker has been diagnosed of post laminectomy syndrome, spinal stenosis, lumbar radiculopathy, degenerative disc disease of the lumbar spine, bilateral total hip replacement, depression and anxiety and chronic pain. Treatments have included physical therapy, Acupuncture, L4-L5 Laminectomy in 1988, L4-S1 revision and decompression in 2008, and bilateral hip replacement in 2009 and 2010, Tramadol, Cyclobenzaprine, Norco and Oxycodone. At dispute is the request for Functional restoration program 27 hours per week x 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program 27 hours per week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional Restoration Programs) Page(s): 30-31. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Functional Restoration Programs (FRPs).

Decision rationale: The injured worker sustained a work related injury on 09/17/2013. The medical records provided indicate the diagnosis of post laminectomy syndrome, spinal stenosis, lumbar radiculopathy, degenerative disc disease of the lumbar spine, bilateral total hip replacement, depression and anxiety and chronic pain. Treatments have included physical therapy, Acupuncture, L4-L5 Laminectomy in 1988, L4-S1 revision and decompression in 2008, and bilateral hip replacement in 2009 and 2010, Norco and Oxycodone. The medical records provided for review do not indicate a medical necessity for Functional restoration program 27 hours per week x 6 weeks. Although both the MTUS and the Official Disability Guidelines recommends the use of the Functional Restoration program for select group of individuals with chronic low back pain associated with delayed recovery and difficulty in returning to work, the official disability guidelines recommends that the treatment should no be longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Therefore, the requested treatment is not medically necessary and appropriate.