

Case Number:	CM14-0191655		
Date Assigned:	11/24/2014	Date of Injury:	10/01/2003
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 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:

This 55 year-old patient sustained an injury on 10/1/2003 while employed by [REDACTED] Request(s) under consideration include Functional Restoration Program Initial Evaluation. Diagnoses include lumbar/ lumbosacral disc degeneration; chronic pain; psychogenic pain; lumbar spinal stenosis; and long-term use of medications. Past surgical history included s/p knee meniscus surgery; s/p hernia surgery; gastric bypass surgery; and s/p right toe surgery. Report of 10/2/14 from the provider noted the patient with chronic ongoing low back from lumbar stenosis; Butrans patch wearing off with increased pain severity. Exam showed no acute distress, anxiety, confusion, normal gait and station; normal muscle tone without atrophy in bilateral upper and lower extremities; normal bilateral 5/5 motor strength in lower extremities; lumbar spine with intact sensation throughout bilateral lower extremities; negative SLR with spasm and guarding. Treatment included Butrans patch refills with FRP evaluation. The request(s) for Functional Restoration Program Initial Evaluation was non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Initial Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: This 55 year-old patient sustained an injury on 10/1/2003 while employed by [REDACTED]. Request(s) under consideration include Functional Restoration Program Initial Evaluation. Diagnoses include lumbar/ lumbosacral disc degeneration; chronic pain; psychogenic pain; lumbar spinal stenosis; and long-term use of medications. Past surgical history included s/p knee meniscus surgery; s/p hernia surgery; gastric bypass surgery; and s/p right toe surgery. Report of 10/2/14 from the provider noted the patient with chronic ongoing low back from lumbar stenosis; Butrans patch wearing off with increased pain severity. Exam showed no acute distress, anxiety, confusion, normal gait and station; normal muscle tone without atrophy in bilateral upper and lower extremities; normal bilateral 5/5 motor strength in lower extremities; lumbar spine with intact sensation throughout bilateral lower extremities; negative SLR with spasm and guarding. Treatment included Butrans patch refills with FRP evaluation. The request(s) for Functional Restoration Program Initial Evaluation was non-certified on 10/16/14. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline, not seen here. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and intact clinical presentation, without any aspiration to return to work for this chronic 2003 injury with delayed recovery beyond recommended time frame for successful outcome. The patient has remained unchanged, on chronic opioid medication without functional improvement from extensive treatments already rendered. There is also no psychological issues demonstrated or evaluation documenting medical necessity for a functional restoration program. The Functional Restoration Program Initial Evaluation is not medically necessary and appropriate.