

Case Number:	CM14-0197571		
Date Assigned:	12/05/2014	Date of Injury:	07/11/2005
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The injured worker is a 56 year old female with the injury date of 07/11/05. Per physician's report 10/10/14, the injured worker has low back pain, radiating down her lower extremities bilaterally. The injured worker has attended a total length of 4-week's functional restoration program (FRP), starting on 09/02/13. "The injured worker was able to come off of all opioid medications at that time." The injured worker has a recent left hip fracture which aggravates her low back pain. The injured worker is unable to go to work due to significant low back pain. The injured worker is taking Lyrica, Tylenol and Tramadol. The lists of diagnoses are:1) Left L5 radiculopathy2) Generalized deconditioning3) Lumbar spondylosis without myelopathy4) Myofascial pain syndrome5) DepressionPer 06/09/14 progress report, after 4 week's FRP, "the injured worker continues to have low back pain, but she is medication-free." The injured worker continues to work full time. Per 04/04/14 progress report, "the injured worker is not interested in opioid medications, and these medications in the past have decreased her pain by 50% and improved her functionality in standing and walking." The utilization review determination being challenged is dated on 11/13/14. Treatment reports were provided from 02/03/14 to 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Week Functional Restoration Program (25 hours): Upheld

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

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

Decision rationale: The request is for 1 Week Functional Restoration Program (25 Hours, A Week). The MTUS guidelines page 49 recommends functional restoration programs and indicate 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 treatments would clearly be (5) The injured worker exhibits motivation to change (6) Negative predictors of success above have been addressed. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. The injured worker has completed 50 hours' functional restoration program (FRP) in 2013. The review of the reports indicates that "the injured worker was able to come off of all opioid medications at that time." In this case, the treating physician asks for functional restoration program, but does not indicate why it is needed at this point and what can be accomplished with additional FRP. Per 6/9/14 report, the injured worker has returned to full time work. The treating physician does not discuss what more is to be accomplished with additional FRP. The request is not medically necessary.