

Case Number:	CM14-0198295		
Date Assigned:	12/08/2014	Date of Injury:	03/27/2013
Decision Date:	01/20/2015	UR Denial Date:	11/20/2014
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 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:

The injured worker is a 63-year-old male, with a reported date of injury of 3/27/13. The result of the injury was low back pain, after carrying an 80 pound tree. The current diagnoses include degeneration of lumbar lumbosacral discs and sacrum disorders. The past diagnoses include sacrum disorders and sciatica. Treatments have included pain medications, physical therapy; chiropractic care; epidural injection; and modified activities/rest. Electromyography of the bilateral lower extremities on 3/4/14 (no report) showed S1 lumbosacral radiculopathy; MRI of the lumbar spine on 8/11/14 (no report) showed minimal grade one (1) anterolisthesis at L2-L3 and L3-L4 with multilevel DDD/ canal and neural foraminal narrowing at L2-S1; and lumbar spine x-rays on 4/6/13. Report dated 11/14/14 indicates that the injured worker had low back pain and groin pain. He was about the same and stable. The objective findings included normal mood and affect, normal gait, normal muscle tone in the bilateral lower extremities, normal strength in the bilateral lower extremities, diffuse decreased sensation noted at L2-S1, negative straight leg raise, and spasm and guarding in the lumbar spine. The injured worker was able to return to regular work with restrictions to lifting 10 pounds and alternating between standing and sitting as needed. The initial evaluation for the functional restoration program was performed on 11/11/14; reported symptoms of depression, anxiety, and sleep disturbance; was not a surgical candidate; failed to improve from interventional and medication management; and lost ADL (non-specified) from the chronic pain. On 11/20/2014, Utilization Review (UR) denied the request for one (1) [REDACTED] functional restoration program (160 hours). The UR physician cited the MTUS Guidelines and noted that documentation indicates that the injured worker has made enough improvements through past treatments to be mentally and physically functional and capable to work. There was no indication that the injured worker had injections, psychological therapy, or various other modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Functional Restoration Program (160 hours): Upheld**

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 (Functional Restoration Programs) Page(s): 30-34, 49.

Decision rationale: Per 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 injured worker has unchanged chronic pain symptoms and clinical presentation and has already returned for modified work demonstrating functional improvement without failure from conservative treatment rendered. There are also no psychological issues demonstrated or evaluation documenting medical necessity for a functional restoration program. The request for ██████████ Functional Restoration Program (160 hours) is not medically necessary and appropriate.