

Case Number:	CM14-0209423		
Date Assigned:	12/22/2014	Date of Injury:	09/13/2010
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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, 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 28 year-old patient sustained an injury on 9/13/10 while employed by [REDACTED]. Request(s) under consideration include Functional Restoration Program (FRP) QTY 1. Diagnoses include Lumbar degenerative disease/ lumbosacral/thoracic neuritis/ radiculitis; cervical sprain/strain. Conservative care has included medications, physical therapy, TENS, acupuncture, HEP, and modified activities/rest. Medications list Tramadol, Topiramate, Cyclobenzaprine, and Lidopro cream. The patient continues to treat for chronic ongoing pain symptoms. Reports of 3/19/14, 4/3/14, 4/28/14, and 5/1/14 noted patient with continued neck/ upper back pain rated at 4/10 worsen with cold weather; low back pain with intermittent stiffness radiating to left leg with associated numbness/ tingling in feet; Symptoms relieved by 50% with medications. Brief exam showed tenderness to palpation at cervical and lumbar spine with spasm. Treatment plan included FCE for RTW status and possible P&S with continuation of meds. Report of 11/12/14 noted unchanged pain symptoms rated at 4/10. Exam was unchanged with noted appropriate mood. Treatment plan included FRP. The request(s) for Functional Restoration Program (FRP) QTY 1 was non-certified on 11/25/14 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 (FRP) QTY 1: Upheld

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

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

Decision rationale: Medical reports indicate that the injured worker has made enough improvements through past conservative treatments to be mentally and physically functional and capable to work modified for at least the last year with one report expecting MMI. There was no indication that the injured worker had psychological therapy for any issues. 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 clinical presentation and has already returned for modified work demonstrating functional improvement without failure from conservative treatment rendered. There is also no psychological issues demonstrated or evaluation documenting medical necessity for a functional restoration program. The Functional Restoration Program (FRP) QTY 1 is not medically necessary and appropriate.