

Case Number:	CM15-0001586		
Date Assigned:	01/12/2015	Date of Injury:	07/22/2011
Decision Date:	03/13/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female who sustained an industrial injury on July 22, 2011. She has reported lower back and hip gluteal pain and has been diagnosed with chronic low back pain, long term use of medication, degeneration of intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, and myalgia and myositis unspecified. Treatment to date has included physical therapy, acupuncture, myofascial therapy, trigger point injections, lumbar epidural steroid injection, and medication. Currently the injured worker complains of lower back and gluteal pain as well as stiffness and tightness in her back. Treatment plan included a functional restoration program and pain medications. On December 11, 2014 the Utilization Review non certified a functional restoration program, lumbar spine noting the MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain affecting her lower back. The current request is for Functional restoration program for lumbar spine. The treating physician states, "Consider FRP, please authorize, so we can assess her return to work function." (27) The MTUS guidelines states, "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In this case, the 6 criteria outlined in the MTUS guidelines have not been addressed. There is no documentation that the patient has had an adequate and thorough evaluation with baseline functional testing or that the patient is not a candidate for surgery. Additionally, there is no frequency or duration recommended for this functional restoration program and MTUS only allows 20 full day sessions. The current request is not medically necessary and the recommendation is for denial.