

Case Number:	CM15-0001840		
Date Assigned:	01/12/2015	Date of Injury:	11/23/2011
Decision Date:	03/13/2015	UR Denial Date:	01/05/2015
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

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 40 year old female who sustained an industrial related injury on 11/23/11 while pushing milk crates. The injured worker had complaints of low back pain that radiated down bilateral lower extremities. Diagnoses included lumbar radiculopathy, lumbago, cervical radiculopathy, chronic pain syndrome, depression, anxiety, and insomnia. The injured worker underwent an anterior lumbar interbody fusion at L5-S1 with posterior spinal fusion and received physical therapy, acupuncture treatments, and took Norco. A physician noted the injured worker would like to get back to full work duty and was willing to do anything to be off all medications to return to work. A functional restoration program was recommended to improve functional abilities and to help her cope with her pain. On 1/5/15 the treating physician requested authorization for a functional restoration evaluation 2 times per week for 4 weeks which equaled to 8 sessions and 40 hours. On 1/5/15 the request for a functional restoration evaluation 2 times per week for 4 weeks which equaled to 8 sessions and 40 hours was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines. The UR physician noted the injured worker was permanent and stationary and returned to work in a modified reduced capacity. A functional restoration program evaluation only was certified to determine if the injured worker is a candidate for a full program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Evaluation x 2 weeks-4 x week-8 sessions-40 hours/request is modified to approve functional restoration program evaluation only by Physician Adviser.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

Decision rationale: According to the 1/05/15 Utilization Review letter, the Functional Restoration Evaluation x2 weeks 4x a week, for 8 sessions, 40 hours was modified to allow the initial evaluation only. Utilization review had access to the 10/23/14 and 12/1/14 medical reports which were not provided for this review. The most recent report provided for this review is dated 10/28/14. The report states the patient was approved for the functional rehab program. The patient is reported to have persistent low back pain.MTUS Chronic Pain Medical Treatment Guidelines, pages 30-32, under Chronic pain programs (functional restoration programs), lists the Criteria for the general use of multidisciplinary pain management programs and states all criteria must be met. The criteria include: "The patient has a significant loss of ability to function independently resulting from the chronic pain" and "The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed." Based on the available medical reports, the patient does not meet the MTUS criteria for a functional restoration program. The patient is reported to be working modified duty, and there is no indication that the patient has a significant loss of ability to function independently, and there is no discussion of the negative predictors of success or the patient's motivation. The request for Functional Restoration Evaluation x2 weeks 4x a week, for 8 sessions, 40 hours IS NOT medically necessary.