

Case Number:	CM15-0002173		
Date Assigned:	01/13/2015	Date of Injury:	09/26/2012
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 09/26/2012. He had reported an injury to his right lower leg and lower back after a fall. The diagnoses have included lumbosacral sprain/strain injury, lumbosacral disc injury with clinical symptoms, and lumbosacral radiculopathy. Treatments to date have included home exercise program, functional restoration program (FRP) and medications. Diagnostics to date have included MRI of lower extremity on 10/25/2012 which showed mild strain mid right soleus muscle. Currently, the IW complains of low back and right leg pain. The physician stated that his lumbar epidural steroid injection and surgical consultation have been approved. On 12/22/2014, the injured worker submitted an application for IMR for review of Functional Restoration Program x 2 Weeks Treatment (10 days). On 12/29/2014, Utilization Review non-certified the above request noting there was no documentation that after the program the injured worker exhibited difficulty with sleep, that he was not a surgical candidate, that he has ongoing mental health pathology, there were functional deficits, difficulty with social/family interactions, and that has failed conservative care. In addition, there was no documentation that the functional restoration program was successful. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program x 2 weeks treatment (10 days): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 49.

Decision rationale: Per the MTUS, Functional restoration programs (FRP) are Recommended, though studies are ongoing to best determine who would most benefit from such programs. FRPs are part of general chronic pain programs and focus on improving function more so than eliminating pain. "FRPs incorporate components of exercise progression with disability management and psychosocial intervention." There is evidence that the benefits of FRP's decrease over time, but still provide long term advantages to the participants. A Cochrane review results support the use of FRP in patients with low back pain to reduce pain and improve function. There is less evidence to support use of FRP to improve vocational outcomes, and little evidence for the use of such programs for neck and shoulder pain. Treatment in FRP longer than 2 weeks is not recommended unless subjective and objective improvement can be documented. For the patient of concern, the records are unclear as to how many times and how often patient has been in FRP. At least 2 clinic notes indicate patient actively in FRP, and then the 12/15/2014 clinic note suggests patient may still be in an FRP, requesting continuation. The treating physician did document at the 12/5/2014 visit that patient reported benefits from the FRP, particularly with overall coping techniques. There is no other documentation of the FRP benefits to this patient and no objective assessment of patient's improvement with the FRP. Given the lack of documentation of objective improvement despite at least 2, and maybe more, participations in FRP, additional 2 weeks (10 days) FRP is not medically indicated.