

Case Number:	CM15-0002195		
Date Assigned:	01/13/2015	Date of Injury:	06/01/2014
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 male who sustained an industrial related injury on 5/1/14 while lifting 50 pound bags. A physician's report dated 7/2/14 noted the injured worker had complaints of pain in the right leg, buttocks, posterior thigh, and posterolateral calf. Weakness was noted in bilateral legs, right more than left. A MRI dated 5/27/14 was noted to have revealed a large right sided disc herniation at L4-5 with almost complete canal compromise and severe spinal canal narrowing. Disc degeneration was visible at L4-5. The impression was of neurologic claudications and lumbar radiculopathy. A discectomy on the right side at L4-5 was recommended. On 1/5/14 12 sessions of a functional restoration program was requested by the treating physician. On 12/15/14 the request for 12 sessions of a functional restoration program was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule Guidelines and noted that aside from postoperative physical therapy there was no documentation that the injured worker had exhausted all lower levels of care to address his chronic pain. The specific goals of treatment were not elaborated and therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 30-34, 49.

Decision rationale: According to the MTUS Functional Restoration Programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs, a type of treatment included in the category of interdisciplinary pain programs, were originally developed by [REDACTED]. FRPs were designed to use a medically directed interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The patient selection criteria for identification of patients that may benefit from early intervention via a multidisciplinary approach include: 1. The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. 2. The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. 3. There is a previous medical history of delayed recovery. 4. The patient is not a candidate where surgery or other treatments would clearly be warranted. 5. Inadequate employer support. 6. Loss of employment for greater than 4 weeks. In this case the patient is 5 months post lumbar surgery for low back pain with radiculopathy. He has improved after routine post-op physical therapy. Physician documentation from 12/4/14 doesn't support that he meets criteria for a FRP. The patient has not received other care for ongoing back pain.