

Case Number:	CM15-0132988		
Date Assigned:	07/21/2015	Date of Injury:	11/06/2013
Decision Date:	08/24/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/09/2015

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, North Carolina
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 56-year-old male, who sustained an industrial injury on 11/06/2013. Diagnoses include right chest wall contusion, lower thoracic spine contusion and lumbar spine contusion. Treatment to date has included conservative measures including diagnostics, NSAIDs, modified work, massage therapy, physical therapy, acupuncture and chiropractic care. Per the Primary Treating Physician's Progress Report dated 5/22/2015, the injured worker reported intermittent pain in the back with radiation to the bilateral gluteus/hips left greater than right. Physical examination revealed paraspinal muscles of the lumbosacral spine tender to palpation. He complains of discomfort with lumbar flexion and extension. The plan of care included, and authorization was requested for 160 hours of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

160 hour functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: CA MTUS recommends chronic pain programs, including functional restoration programs (FRP), for patients who meet certain criteria. The criteria include failure of traditional conservative measures (exercise, physical therapy, chiropractic, medications). Another criteria requires that the patient has lost a significant ability to function independently. In this case, the patient does not appear to be an appropriate candidate for FRP. Documentation from 5/27/2015 noted that the patient had experienced 60% relief of his back symptoms from chiropractic treatment and his pain was no longer constant. Thus, this patient has not failed all conservative treatment and is able to function independently. Thus, he does not meet criteria for FRP and the request is not medically necessary.