

Case Number:	CM15-0140563		
Date Assigned:	07/30/2015	Date of Injury:	09/23/2014
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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 44-year-old female who sustained an industrial injury on September 23, 2014 resulting in radiating low back pain. She was diagnosed with lumbar strain and radiculopathy. Documented treatment has included physical therapy reported to be helpful with pain and mobility, chiropractic therapy and oral and transdermal medication providing temporary relief. The injured worker continues to report radiating low back pain impacting activities of daily living and sleep. The treating physician's plan of care includes attendance in a functional restoration program. Work status states she can work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: 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 Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

Decision rationale: Report of 6/25/15 from the provider noted the patient has deferred from any interventional care or surgical procedure whether indicated or not. Clinical exam showed diffuse dysesthesia of calves; otherwise is neurologically with intact motor strength without demonstrated ADL limitations. The patient continues with symptoms of anxiety and depression; however, no short-term course or psychological assessment and care have been demonstrated. It is not clear whether the patient is participating in any active therapy program whether formally or in an independent home program or what failed conservative trials have been rendered. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient has unchanged chronic pain symptoms and clinical presentation, without any aspiration of work for this chronic injury as the patient has remained functionally unchanged, on chronic opioid medication. There is also no psychological evaluation or assessment meeting criteria for functional restoration program. The Functional Restoration Program is not medically necessary and appropriate.