

Case Number:	CM15-0145213		
Date Assigned:	08/06/2015	Date of Injury:	11/09/1995
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 58-year-old male, who sustained an industrial injury on 11-09-1995. Diagnoses include cervical disc with radiculitis, chronic pain associated with significant psychosocial dysfunction, depression, lumbar disc with radiculitis, degeneration of cervical disc, degeneration of lumbar disc, neck pain, low back pain and shoulder pain. Treatment to date has included multiple surgical interventions (herniated disc fusion and plating, 1999, 2003 and 2005) as well as conservative treatment including injections, diagnostics, medications, physical therapy, acupuncture and 5 weeks of functional restoration program. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported chronic pain in the neck and low back. Physical examination of the lumbar spine revealed restricted range of motion with increase in concordant pain with any plane. Straight leg raise is positive bilaterally for radicular signs and symptoms on the right. The plan of care included continuation and completion of functional restoration program. Authorization was requested on 7-09-2015 for functional restoration program x 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program for 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), pages 30-34, 49.

Decision rationale: It is unclear why the patient requires a FRP evaluation at this time. The patient is almost 20 years post injury without clear progressive neurological deficits demonstrated on clinical examinations, but only has complaints of continued chronic pain beyond the satisfactorily conservative care of medications, injections, extensive therapy and acupuncture treatment which is not the emphasis of such a program as the purpose is to improve function, not to eliminate pain. 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 symptoms and clinical presentation, without any aspiration or mention of functionally improved work status from this 1995 injury. The Functional restoration program for 10 days is not medically necessary and appropriate.