

Case Number:	CM15-0145914		
Date Assigned:	08/06/2015	Date of Injury:	07/09/2012
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
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: Preventive Medicine, Occupational 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 35 year old male, who sustained an industrial injury on 7-09-2012, while working as a carpenter. He reported hurting his back while picking something up. The injured worker was diagnosed as having displacement of lumbar intervertebral disc, degeneration of lumbar intervertebral disc, and low back pain. Treatment to date has included diagnostics, multi-disciplinary evaluation, and medications. Currently, the injured worker complains of low back pain with radiation along the posterior dermatomes of the left lower extremity, with numbness and tingling at the bottom of foot, and weakness. Pain was rated 5 out of 10. Current medications included Fenoprofen, Hydrocodone-APAP, and Tylenol. His work status was modified with restrictions and he was fearful of his work because he did not feel 100%. A review of symptoms noted pain in his neck and back, as well as restricted movement. Physical exam of the lumbar spine noted full range of motion, motor strength 5 of 5 in the lower extremities, and decreased sensation to light touch, pinprick, and temperature along L4-S1 dermatomes in the left lower extremity. Straight leg raise test was positive on the left at 30 degrees. From a functional standpoint, he was found to be significantly limited by high levels of fear avoidance, resulting in significant guarding and limitations in movement. He exhibited significant accommodating postural changes resulting in poor body mechanics with movements and when trying to engage in functional activities. From a psychological standpoint, he was noted to be experiencing ongoing substantial levels of depression and anxiety. He presented as a motivated individual, open to physical strengthening and education to manage pain in favor of medications and-or passive modalities. He was not a surgical candidate. Physical therapy evaluation noted him to have a good rehabilitation potential. The treatment plan included a functional restoration program x20 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Restoration Program, Qty 20 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, a functional restoration program is supported, however, 20 days exceeds the established guidelines of 2 weeks. The request for outpatient functional restoration program, Qty 20 days is determined to not be medically necessary.