MAXIMUS Federal Services

Case Number:	CM15-0146143		
Date Assigned:	08/07/2015	Date of Injury:	12/18/2009
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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: Emergency 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 43-year-old male who sustained an industrial injury on December 18, 2009. The worker was employed as a plumber. The accident was described as while working loading a truck he felt a tingling sensation in his left leg and buttock followed by pain in the lower back. Treatment to include: medications, traction, physical therapy, exercise, transcutaneous nerve stimulator unit, injections, and surgical intervention. An operative report dated January 21, 2015 reported the injured worker undergoing a right medial branch facet radiofrequency rhizotomy L1-4 without complication. A primary follow up visit dated February 10, 2015 reported subjective complaint of the right side still painful but the left side is feeling better. He states that the leg pain is more intense on the right due to running out of Gabapentin. He also mentions that the 800mg covers more of the pain. He continues working on the depression participating in therapy session. In addition, he uses the ice machine and Menthol lotion for comfort. Current medication regimen consists of: Gabapentin, Omeprazole, Motrin, and Norco 10mg 325 mg. His surgical history included: lumbar decompression and fusion August 2012 along with exploration of posterior L4-5 and instrumentation removal. The following diagnoses were applied: thoracic or lumbosacral neuritis or radiculitis; lumbar disc displacement without myelopathy; lumbago, and post laminectomy syndrome, lumbar region. He is to remain on a modified work duty. A visit dated June 23, 2015 reported the worker assess to be a good candidate to participate in a functional restoration program. The plan of care involved the worker attending a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 5 Days Per Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages31-32, Functional restoration programs (FRPs) Page(s): 49, 31-32.

Decision rationale: The requested Functional Restoration Program 5 Days Per Week for 6 Weeks is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The injured worker has subjective complaint of the right side still painful but the left side is feeling better. He states that the leg pain is more intense on the right due to running out of Gabapentin. He also mentions that the 8oomg covers more of the pain. He continues working on the depression participating in therapy session. In addition, he uses the ice machine and Menthol lotion for comfort. Current medication regimen consists of: Gabapentin, Omeprazole, Motrin, and Norco 10mg 325 mg. His surgical history included: lumbar decompression and fusion August 2012 along with exploration of posterior L4-5 and instrumentation removal. The following diagnoses were applied: thoracic or lumbosacral neuritis or radiculitis; lumbar disc displacement without myelopathy; lumbago, and post laminectomy syndrome, lumbar region. He is to remain on a modified work duty. A visit dated June 23, 2015 reported the worker assess to be a good candidate to participate in a functional restoration program. The treating physician has not documented the medical necessity for an FRP beyond 10 days/2 week trial and then re-evaluation. The criteria noted above not having been met, Functional Restoration Program 5 Days per Week for 6 Weeks is not medically necessary.