MAXIMUS Federal Services

Case Number:	CM15-0146471		
Date Assigned:	08/07/2015	Date of Injury:	06/09/2005
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
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: 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 56 year old male, who sustained an industrial injury on June 9, 2005, incurring low back injuries after heavy lifting. Lumbar spine Magnetic Resonance Imaging revealed disc herniation with nerve root impingement. He was diagnosed with lumbar disc disease with radiculopathy. Treatment included lumbar spine surgery, pain medications, anti-inflammatory drugs, antidepressants, sleep aides, physical therapy, home exercise program, and activity restrictions and modifications. Currently, the injured worker complained of ongoing low back pain radiating down into the lower extremities. The pain was aggravated with bending, lifting, twisting, and prolonged sitting and standing. He rated his pain a 10 on a pain scale of 1 to 10. The injured worker was diagnosed with chronic pain syndrome. The treatment plan that was requested for authorization included a Functional Restoration Program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FRPs.

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

Decision rationale: This patient presents with chronic low back pain radiating down into the lower extremities. The current request is for a Functional Restoration Program Evaluation. Treatment included lumbar spine surgery (sometime in the 90's), pain medications, anti-inflammatory drugs, antidepressants, sleep aides, physical therapy, ESI, home exercise program, and activity restrictions and modifications. MTUS Chronic pain guidelines page 49 under Functional restoration programs (FRPs) states that the program may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. According to progress report 06/29/15, the patient presents with ongoing low back pain radiating down into the lower extremities. Examination revealed limited range of motion, positive Slump's test on the right and no ankle reflexes bilaterally. The patient is currently being weaned down of his opioid medications. The treater is requesting a functional restoration evaluation as the patient's functionality has decreased by 80% and he has failed opioid and non-opioid medication management. The treater also states that the patient in not a surgical candidate. Given the patient's chronic low back pain and lack of progress with conservative care, a functional restoration program may be an option. An evaluation to determine the patient's candidacy is medically necessary.