

Case Number:	CM15-0161686		
Date Assigned:	08/28/2015	Date of Injury:	01/06/2012
Decision Date:	10/19/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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 47-year-old male, who sustained an industrial-work injury on 1-6-12. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having lumbosacral neuritis, lumbar disc displacement, and lumbosacral sprain. Treatment to date has included medication, FRP (functional restoration program), and surgery (microdiscectomy on 1-13-14). Currently, the injured worker complains of lumbar pain. The IW returned for his fifth week of the FRP (functional restoration program) and the program was helpful with coping and managing chronic pain. The program has reported to cut pain down by 50 percent and improved function. Per the primary physician's progress report (PR-2) on 7-10-15, exam noted lumbosacral tenderness to palpation with myofascial tightness, painful range of motion of the lumbar spine in all directions, and straight leg raise is positive bilaterally, right greater than left. Strength is slightly decreased on the right side compared to the left. Current plan of care includes continuation of the functional restoration program. The Request for Authorization date was 7-14-15 and requested service included FRP x 8 Days for low back. The Utilization Review on 7-22-15 denied due to documentation of considerable progress made to date and now should be able to incorporate all gains and functional benefits into a home exercise program. Additional days are not medically necessary, with reference to CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP x 8 Days for Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The requested FRP x 8 Days for Low Back, 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 lumbar pain. The injured worker was diagnosed as having lumbosacral neuritis, lumbar disc displacement, and lumbosacral sprain. Treatment to date has included medication, FRP (functional restoration program), and surgery (microdiscectomy on 1-13-14). Currently, the injured worker complains of lumbar pain. The IW returned for his fifth week of the FRP (functional restoration program) and the program was helpful with coping and managing chronic pain. The program has reported to cut pain down by 50 percent and improved function. Per the primary physician's progress report (PR-2) on 7-10-15, exam noted lumbosacral tenderness to palpation with myofascial tightness, painful range of motion of the lumbar spine in all directions, and straight leg raise is positive bilaterally, right greater than left. Strength is slightly decreased on the right side compared to the left. Current plan of care includes continuation of the functional restoration program. The Request for Authorization date was 7-14-15 and requested service included FRP x 8 Days for low back. The Utilization Review on 7-22-15 denied due to documentation of considerable progress made to date and now should be able to incorporate all gains and functional benefits into a home exercise program. The referenced guideline notes, "These programs emphasize the importance of function over the elimination of pain." The injured worker is reported as working full time without restrictions and uses medication only as needed. The treating physician has not documented the specific rationale for additional FRP sessions, or why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The criteria noted above not having been met, FRP x 8 Days for Low Back is not medically necessary.