

Case Number:	CM15-0186572		
Date Assigned:	09/28/2015	Date of Injury:	04/27/2004
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 74 year old male, who sustained an industrial injury on 04-27-2004. The injured worker was diagnosed as having lumb-lumbosac disc degenerative disease, chronic low back pain, cervical degenerative disc disease and encounter for long -term use of other medications. On medical records 08-19-2015 and 07-22-2015 the subjective complaints were noted as pain as a 4-7 out of 10. No specific areas of pain were noted on 07-22-2015 and 08-19-2015. An objective finding was noted as having an antalgic gait and was noted to use a cane to assistance with ambulation. Otherwise physical findings were noted specific to lower back. Treatments to date included medication, home exercise program, functional capacity evaluation and completed function restoration program. The injured worker was noted to be not working. Current medications were listed as Lidoderm 5% patch, Celebrex and Nexium. The Utilization Review (UR) was dated 08-20-2015. A request for functional restoration program (FRP) 4 hours per part day, low back QTY: 80. The UR submitted for this medical review indicated that the request functional restoration program (FRP) 4 hours per part day, low back QTY: 80 for was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program (FRP) 4 hours per part day, low back QTY: 80: 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 claimant sustained a work injury in April 2004 and continues to be treated for chronic pain. When seen on 08/19/15 he had completed 20 sessions of a functional restoration program. He had overall improved pain and was more active. His walking tolerance and sleep had improved. He reported that he had a good home program to manage his chronic pain. He was taking Celebrex which was helping with his symptoms and not causing side effects. Physical examination findings included appearing in no distress. He had an antalgic gait and was using a cane. He reported not needing it due to musculoskeletal issues but was using it for dizziness. He had a stooped posture when standing. His balance was normal. Lidoderm, Celebrex, and Nexium were being prescribed. Authorization is being requested for additional functional restoration program sessions. The claimant is noted to be permanent and stationary and is not working. In terms of Functional Restoration Programs, guidelines indicate that the total treatment duration should generally not exceed 20 full-day sessions and treatment duration in excess of 20 sessions would require a clear rationale for the specified extension and reasonable goals to be achieved. In this case, the claimant has a home program for chronic pain management. He is not taking any opioid medication. There are no return to work goals. He has already achieved the appropriate goals of a functional restoration program. Additional treatment is not medically necessary.