

Case Number:	CM15-0186681		
Date Assigned:	09/28/2015	Date of Injury:	06/14/2014
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 64 year old, male who sustained a work related injury on 6-14-14. A review of the medical records shows he is being treated for low back pain. Treatments have included physical therapy, acupuncture and lumbar epidural injections. He is currently going through a functional restoration program. There is insufficient documentation in how he is benefiting from the program and what progress he has made with functional capabilities. Current medications include Tramadol, Meloxicam and Cyclobenzaprine. In the progress notes dated 8- 10-15, the injured worker reports still having "a lot of pain and discomfort." On physical exam, Lumbar range of motion is decreased. He has a positive straight leg raise on the right. He is temporarily partially disabled with restrictions. The treatment plan includes requests for a post functional restoration program. In the Utilization Review, dated 8-25-15, the requested treatment of post functional restoration program 1 time a week for 8 weeks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post FRP (functional restoration program) one time per week for eight weeks: 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), Detoxification.

Decision rationale: MTUS states regarding the general use of multidisciplinary pain management programs: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains," and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." Although the medical documentation provided indicate this patient decreased the dosage of Tramadol, it appears the treating physician initiated therapy with Tylenol #3. The treating physician has not met the guidelines above to warrant ongoing treatment. As such, the request for Post FRP (functional restoration program) one time per week for eight weeks is not medically necessary at this time.