

Case Number:	CM15-0189151		
Date Assigned:	10/01/2015	Date of Injury:	06/12/2014
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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 42-year-old male, who sustained an industrial injury on 6-12-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spine radiculopathy, myofascial pain syndrome, lumbar disc displacement, lumbar radiculopathy, lumbar sprain-strain, and cervical sprain-strain. On the progress report dated 7-21-2015, there were no subjective complaints noted. The physical examination of the lumbar spine reveals positive straight leg raise test on the left, decreased range of motion, and trigger points. Examination of the cervical spine reveals spasm, tenderness, and decreased range of motion. The current medications are Tylenol #3 and Zorvolex. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI. Treatments to date include medication management, 6 physical therapy sessions, acupuncture, epidural steroid injection, and functional restoration program. On the 5-11-2015, work status was described as temporarily very disabled. The original utilization review (9-10-2015) had non-certified a request for functional restoration program times 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP x 2 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).

Decision rationale: Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. Guidelines criteria does support to continue a functional restoration program beyond 20 sessions; however, requires clear rationale and functional improvement from treatment rendered along with reasonable goals to be achieved with specific individual care plans and focused goals. It appears from report that although the patient made limited non-specific gains; however, they do not appear functionally changed or constructively improved without mention of potential for productive re-entry in the work force as further understanding and continued work to improve functional abilities are still pending. Overall, per the submitted assessment, the patient has unchanged or plateaued conditions with some increase in one area, unchanged in others, and actual decrease in other exercise functions without mention for significant change in medication profile or functional status. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the provider for this patient who has completed the FRP. Submitted reports have not demonstrated clear rationale to support further sessions beyond the recommendations of the guidelines. The FRP x 2 Weeks is not medically necessary and appropriate.