

Case Number:	CM15-0190831		
Date Assigned:	10/02/2015	Date of Injury:	10/15/2007
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 51-year-old female with a date of industrial injury 10-15-2007. The medical records indicated the injured worker (IW) was treated lumbosacral disc injury; lumbosacral radiculopathy; and L5-S1 lumbosacral disc injury with tear. In the progress notes (7-16-15 and 8-13-15), the IW reported low back pain and right leg pain. Medications were Norco, Lyrica and Flurbiprofen cream. She previously was on Tylenol #3 and MS Contin. On examination (7-16-15 and 8-13-15 notes), there was decreased range of motion of the lumbar spine and positive straight leg raise on the right. There was tenderness to palpation of the lumbosacral spine and painful range of motion. Deep tendon reflexes were equal in the bilateral lower extremities. The extensor hallucis longus was weak on the right compared to the left. The IW was disabled. Treatments included medications, home exercise, TENS unit, injections and acupuncture. A Request for Authorization was received for functional restoration program. The Utilization Review on 8-28-15 non-certified the request for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: 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 patient presents on 08/13/15 with lower back pain, which radiates into the right lower extremity. The patient's date of injury is 10/15/07. The request is for Functional Restoration Program. The RFA is dated 08/13/15. Physical examination dated 08/13/15 reveals tenderness to palpation of the lumbar spine and lumbosacral region, with positive straight leg raise test on the right, and associated weakness in the right lower extremity. The patient is currently prescribed Norco, Lyrica, and Ketoprofen. Patient's current medication regimen is not provided. Patient is not working. MTUS Guidelines, Functional Restoration Programs section, page 49 has the following regarding the criteria for the attendance of an FRP: (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. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In regard to the functional restoration program attendance for this patient's chronic pain, the requesting provider has failed to specify the duration of attendance. Progress note dated 08/13/15 indicates that this patient was recently approved for an evaluation at the associated functional restoration program. There is evidence that the requesting physician has performed the appropriate evaluation of the patient's eligibility for such a program, including unsuccessful previous treatment modalities, significant functional loss/decline, etc. However, MTUS guidelines indicate that attendance of functional restoration programs should not exceed 20 full-day sessions unless a clear rationale for extension including reasonable goals to be achieved. In this case, neither the RFA or the associated progress note provide any insight into the desired duration of attendance. Were the provider to include an appropriate attendance duration, the recommendation would be for approval. However, the current request as written cannot be evaluated for compliance with guideline recommendations, and therefore cannot be substantiated. The request IS NOT medically necessary.