

Case Number:	CM15-0194450		
Date Assigned:	10/08/2015	Date of Injury:	09/04/2012
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/02/2015

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 31 year old female who sustained an industrial injury on 9-4-2012. A review of the medical records indicates that the injured worker is undergoing treatment for repetitive strain injury, lumbosacral disc injury, possible carpal tunnel syndrome bilateral wrists, lumbar sprain-strain, myofascial pain syndrome and bilateral wrist tendonitis. According to the progress report dated 9-3-2015, the injured worker complained of severe pain involving the low back and left leg. Per the treating physician (9-3-2015), the injured worker was temporarily totally disabled. The physical exam (9-3-2015) revealed lumbosacral tenderness to palpation with decreased range of motion. Straight leg raise was positive bilaterally. Sensations were decreased to light touch. Motor strength was decreased on the right side. There was tenderness to palpation over the wrists and elbows bilaterally. Treatment has included lumbosacral fusion surgery (2014), epidural injection, physical therapy, acupuncture and medications (Tylenol #3 and Lidoderm patches). The original Utilization Review (UR) (9-28-2015) denied a request for a Functional Restoration Program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FRP (functional restoration program) evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The current request is for FRP (FUNCTIONAL RESTORATION PROGRAM) EVALUATION. Treatment has included lumbosacral fusion surgery (2014), epidural injection, physical therapy, acupuncture and medications (Tylenol #3 and Lidoderm patches). The patient remains temporarily totally disabled. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. According to progress report 09/03/15, the patient presents with severe pain involving the low back and left leg. Examination revealed lumbosacral tenderness to palpation with decreased range of motion. Straight leg raise was positive bilaterally. The treater recommended "FRP treatment program to help better cope and manage her discomfort." The patient has tried multiple conservative treatments with limited success. Given the patient's chronic symptoms, an evaluation to determine the patient's candidacy is reasonable. Therefore, the request IS medically necessary.